



MEMORANDUM

TO: HONORABLE MAYOR &
CITY COUNCIL

FROM: Sara Bedford, Human
Services Director

SUBJECT: Head Start Informational Memo

DATE: September 08, 2021

City Administrator
Approval

Date
Sep 14, 2021

INFORMATION

This informational memo provides background information regarding the City of Oakland's Head Start grant, both the most recently awarded grant for FY 2021-26 but also history on the program's most recent federal review findings and corrective action plan. This memo also includes the Head Start governance history and guiding legislation. Additional information was requested at the September 1, 2021, City Council meeting on this topic which is being compiled and will be presented later.

Current Grant Award

On June 30, 2021, the City of Oakland Head Start Program was awarded \$12,252,694 annually by the US Department of Health and Human Services (HHS) Administration for Children and Families, Head Start for the next five years, fiscal years (FY) 2021-26, to serve 622 Oakland families with young children and pregnant women who have the highest need for support. In addition to the City's award, the Unity Council received an independent grant award of approximately \$5,574,000 to serve 368 children and pregnant women in Oakland. Overall, between the two agencies, Oakland will receive approximately \$17,827,000 to serve 990 children and pregnant women citywide. Last year the grant funded 1006 slots. The 16-slot difference is attributed to an increase in Early Head Start slots (smaller classrooms) and full-day services. In the previous 5-year cycle, the Head Start grant was awarded to the City of Oakland and the Unity Council served a similar number of children but as a delegate agency to the City's grant.

During the reapplication process, the Unity Council, a long-standing partner, and delegate agency of the City, made the determination that given its size and current standing as an independent grantee of Head Start (in Contra Costa County) it desired to apply separately. This decision was made with a commitment to continue to work with the City of Oakland to strengthen early childhood programming in Oakland, regardless of the award outcome. The City

of Oakland Head Start Program applied for the full funding available to the Oakland region which totaled \$17,826,886.

Three reports (attached) relate specifically to this application process and the online links are below:

- 1) November 10, 2020 Requesting Council Authority to apply for the full amount of funding available to Oakland \$17.8 million (**Attachment A**); <https://oakland.legistar.com/LegislationDetail.aspx?ID=4687908&GUID=B6576596-9A68-46BC-9A73-57A741BBE572&Options=ID|Text|&Search=head+start>
- 2) July 1, 2021 Info Memo that indicated on June 30, 2021 the City was informed it was awarded \$12.2 million (**Attachment B**); https://cao-94612.s3.amazonaws.com/documents/HS-New-Grant-Info-Memo_7.1.2021.pdf
- 3) July 20, 2021, Council report (**Attachment C**); outlining the new grant's program options and centers that would be closed as classrooms and re purposed for other program options such as the home-based program and the inclusion classroom. <https://oakland.legistar.com/LegislationDetail.aspx?ID=5032672&GUID=9FA9DE22-B749-4A4D-BA5C-AF8A29BA64F4&Options=ID|Text|&Search=head+start>

Federal Review Background

In 2019, a federal review was conducted that resulted in two deficiency findings that triggered a need to re-compete for the City's next five-year grant for FY 2021-2026. The report for this review was received in September 2019 (**Attachment D**). The online link to the report on the Office of Head Start is currently not working but can usually be found here: <https://eclkc.ohs.acf.hhs.gov/federal-monitoring/article/monitoring-review-reports?city=Oakland&county=Alameda%20County&state=CA>). The deficiencies were primarily related to the overall management of the program systems and use of data to drive quality program outcomes.

To address the deficiencies, City of Oakland Head Start embarked on a yearlong Quality Improvement Plan (**Attachment E**) revamping and instituting new management systems that included data collection and professional development across all review areas including data integrity and analysis. After a year of intensive work, the Federal Head Start Regional Office re-reviewed the program in 2020 and all issues were found to be corrected which allowed the City to reapply for the new grant (**Attachment F**).

On January 28, 2020, the Head Start Advisory Board Chair presented the findings and the Quality Improvement Plan to the City Council's Life Enrichment Committee. (See **Attachment G** and the link to report following Council approval on February 4, 2020:

<https://oakland.legistar.com/LegislationDetail.aspx?ID=3952314&GUID=9DDBC1D4-D28B-4D8D-836E-9E3A7E1305FA>)

In Fall of 2020, the Department of Health and Human Services released a Head Start funding opportunity for the interested entities in Oakland under a Request for Proposals open to competitive bidding. Since there were already three grantees in the region, they indicated their willingness to fund “up to” three (3) entities: https://ami.grantsolutions.gov/files/HHS-2021-ACF-OHS-CH-R09-1860_0.htm

The City of Oakland applied for the full grant available that would have allowed for all City centers to remain open as well as investing in the innovative models to meet specific community needs.

Governance Background

The **Advisory Board and the Parent Policy Council** are official bodies recognized by the federal government as having governance roles over the Head Start program. Both bodies meet monthly, review, and approve monthly program reports, fiscal reports, and any critical policy and procedure changes. They also review the annual needs assessment, approve school readiness goals and other strategic documents. They provide a feedback loop from parents (each site also has a Parent Committee that has a representative on the Parent Policy Council). The Advisory Board membership (<https://oakland.granicus.com/boards/w/8552f8c4c0e15460/boards/6689>) provide critical expertise and community coordination in early childhood development and includes two Head Start alumni.

The City Council has ultimate authority over the Head Start program, but the structure of the Advisory Board is designed to provide the Council with a structure that allows for monthly oversight of the program as required by Performance Standards. See attached legislation. Members are approved by the City Council. The Life Enrichment Chair has historically been the official representative, going back to Desley Brooks, Annie Campbell-Washington, Lynette McElhaney, and now Loren Taylor. (See **attachment H** and online link: <https://oakland.legistar.com/LegislationDetail.aspx?ID=777761&GUID=B9048126-579B-459C-953A-87348523ADCC&Options=ID|Text|Attachments|Other|&Search=83079>)

The Advisory Board presented the Head Start review findings and Quality Improvement Plan in detail at LEC on January 28, 2020. The Board presented its Annual Report earlier on September 10, 2019 (**Attachment I** and link: <https://oakland.legistar.com/LegislationDetail.aspx?ID=3952314&GUID=9DDBC1D4-D28B-4D8D-836E-9E3A7E1305FA>). The Advisory Board and Parent Policy Chairs typically present annually to LEC.

Notification Timeline

The City of Oakland was notified on April 9, 2021, that the Office of Head Start wanted to discuss our competitive application, with no further details provided. The first meeting took place on April 26, 2021, to discuss a potential award of \$12.2 million. All City participants signed the confidentiality agreement to participate in the meeting and included: Jason Mitchell,

Assistant City Administrator, and HSD Director Sara Bedford, Head Start Manager Diveena Cooppan, and Christine Rolan, HSD Fiscal Manager. This meeting was still part of the competitive process and the Office of Head Start reserves the right to withdraw the tentative proposal. The City was aware that multiple entities bid on the grant.

This is the same process that was followed five years ago under similar circumstances. Given the reduction in funding leading to staff and service impacts key City staff including City Administrator's Office, Human Resources, and Budget were involved. As the Regional Office was more specific about requirements (the amount of funding was not negotiable) additional staff to support assessment of impact were included through the month of May. The Mayor was also notified as well as the City Administrator's Office: Jason Mitchell, Ed Reiskin, LaTonda Simmons. Human Services Department staff included Sara Bedford, Diveena Cooppan, Christine Rolan, Dylan Schubert, and Lucia Palacios (consultant/grant writer), Martina Bouey. Human Resources staff included Ian Appleyard, Greg Preece, and Jamie Pritchett.

The federal DC Office of Head Start did not approve and issue a confirmed and final offer until June 30, 2021.

Respectfully submitted,



SARA BEDFORD
Director, Human Services Department

For questions, please contact Diveena Cooppan, Human Services Manager – Head Start, at (510) 520-2926.

Attachments

- Attachment A: Oakland HS.EHS Program FY 21-26 Grant Application Nov 2020
 - Attachment B: Grant Award Informational Memo, July 2021
 - Attachment C: HS. EHS Program FY21-26 Grant Application July 2021
 - Attachment D: OHS Monitoring Review Report - 09CH010399
 - Attachment E: City of Oakland Quality Improvement Plan
 - Attachment F: OHS Monitoring Return Review Report - 09CH010399
 - Attachment G: Head Start Advisory Board - Supplemental Report Jan 2020
 - Attachment H: Head Start Advisory Panel, 83079 CMS
 - Attachment I: Head Start Annual Report, September 2019
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Grantee Name	City of Oakland Head Start	Plan Start Date	9/12/2019
Grant Award Number	09CH010399	Plan End Date	1/10/2020

1. Area of Deficiency: Program Management

Performance Standards	Description of Incident	Underlying/ Root Causes <i>Why do we think this happened?</i>	Actions taken to address this specific incident <i>What were some immediate actions taken?</i> <i>What did we do that specifically addressed this incident?</i>
<p>1302.101 Management system. (a) Implementation.</p> <p>A program must implement a management system that:</p> <p>(1) Ensures a program, fiscal, and human resource management structure that provides effective management and oversight of all program areas and fiduciary responsibilities to enable delivery of</p>	<p>During interviews, file reviews and a review of data the management staff was unable to provide information regarding program performance.</p> <p>Management staff lacked the knowledge and understanding of how to use ChildPlus to effectively provide oversight.</p> <p>The management team was not able to provide records of training opportunities in the use of ChildPlus to effectively monitor all service areas. This negatively impacted service delivery in health, disabilities, and Eligibility Recruitment</p>	<ul style="list-style-type: none"> • City Hiring has a long timeframe to fill key program vacancies with qualified staff which impacted consistent and effective program monitoring and oversight. • During the first 2.5 years of program implementation, the program focused on reorganization of staffing. For example, the long-time HS Director retired, and the City had interim directors for two years. • In addition to the leadership vacancy, the program experienced teaching shortages, like many HS programs across the State. This resulted in management staff, including service area coordinators, to dedicate time to staff centers so services to children and families would not be disrupted. Thus, the focus on developing and implementing comprehensive management systems was delayed. 	<ul style="list-style-type: none"> • Over the past year, the Advisory Board and Human Services Director have taken a strategic role in the leadership of Head Start. The Human Services Director attends weekly management and other key strategic meetings in addition to the ongoing supervision of the Head Start Director. A new interim director has been appointed in July 2019, who has a strategic and operational planning and implementation background. • The Human Services Director worked with the City’s personnel and human resources department to fast track hiring of direct service teaching staff. This was accomplished in PY 2018-19. This allowed management staff to turn

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Performance Standards	Description of Incident	Underlying/ Root Causes <i>Why do we think this happened?</i>	Actions taken to address this specific incident <i>What were some immediate actions taken?</i> <i>What did we do that specifically addressed this incident?</i>
<p>high-quality services in all of the program services described in subparts C, D, E, F, G, and H of this part;</p>	<p>Selection Enrollment and Attendance (ERSEA).</p> <p>The grantee did not implement Child Plus to ensure effective management and oversight of program services.</p> <p>Managers did not provide ongoing supervision and professional development to support individual staff. 1302.101(a)(2); 1302.92(b)</p>	<ul style="list-style-type: none"> • The City hiring process is a multistep system and can add a significant delay to hiring new staff. On average the hiring of permanent staff takes 6 to 12 months. • The program structure shifted from primarily a double-session, directly operated program with one delegate, to a program with multiple partners and mostly full-day sessions braided with State Preschool. • During this period, the program was in its infancy stage of developing comprehensive management systems that incorporated monitoring and tracking performance data of collaborative partners. • While management staff received training on data management, collection, and analysis, they were in the process of learning how to implement the system during Year 3 of the program. 	<p>their focus to management systems.</p> <ul style="list-style-type: none"> • Currently assessing and reorganizing the organizational structure to ensure that all key roles are staffed. • Currently, working with ChildPlus to integrate the delegate and grantee database systems. • Currently working with the delegate to facilitate interim changes to Child Plus while moving to a fully integrated system.

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Actions Taken to Strengthen Systems Program-wide

Key Element:	Program Performance and Management Information Systems - Data Collection, Usability, and Analysis				
Intended Outcome:	To gain greater knowledge and understanding of Management Information systems to provide management and oversight of program services.				
Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
Program Performance					
1. Re-training on strategic and operational planning processes for all management staff - provide a solid foundation to formulate and execute strategic plans to meet program goals and objectives.	By November 22, 2019	Program Director, Human Services Director		Training Agenda, Sign-in sheets, Training Manual, Training Evaluation Form.	
2. Advisory Board Strategic Planning Workshop to revisit Strategic Planning Process and outline calendar for Strategic Plan Development.	By January 08, 2019	Program Director, Human Services Director		Workshop Agenda, Workshop minutes, Strategic Planning Calendar, Sign-in sheets.	
3. Develop and train staff on a Strategic and Program Planning policy and procedure that is approved by the Advisory Board.	By January 08, 2019	Program Director, Human Services Director		Approved Strategic Planning Policy and Procedure, Training Agenda, Sign-in Sheets.	
4. Begin implementation of Strategic and Program Planning Policy and Procedure by updating a program planning calendar.	Beginning January 06, 2019	Program Director, Management Team		Program planning calendar approved by the Advisory Board.	
5. Update Ongoing Monitoring and Continuous Improvement policy and procedure and train staff on updates.	By December 06, 2019	HS Planner, Program Director		Updated policy and procedure, Training Agenda, sign-in sheets.	

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Key Element:	Program Performance and Management Information Systems - Data Collection, Usability, and Analysis				
Intended Outcome:	To gain greater knowledge and understanding of Management Information systems to provide management and oversight of program services.				
Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
6. Enhance training of management staff in the use of data from program performance measurement to evaluation (intermediate and advanced level training).	By October 31, 2019	HS Planner, Program Director		Sign-in Sheets and Training Agenda, Training evaluation form.	
7. Intermediate level training of staff in understanding how data collected should be used in program management.	By October 31, 2019	HS Planner, Program Director		Sign-in Sheets and Training Agenda.	
8. Implement Ongoing Monitoring and Continuous Improvement policy by developing an Ongoing Monitoring and Continuous Improvement Workplan.	By December 20, 2019	HS Planner, Program Director		Ongoing Monitoring and Continuous Improvement Workplan.	
9. Develop user-friendly data performance Indicator Dashboards based on ChildPlus that are shared with Executive Leadership, Policy Council and the HS Advisory Board on a monthly basis.	By November 22, 2019	HS Planner, Program Director		Monthly Data Performance Indicator Dashboards	
10. Present a quarterly Program Information Report that draws on data from ChildPlus and informs the status of program compliance that is shared with Executive Leadership, Policy Council and the HS Advisory Board.	By December 2019	HS Planner, Program Director		Quarterly Program Information Report	

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Key Element:	Program Performance and Management Information Systems - Data Collection, Usability, and Analysis				
Intended Outcome:	To gain greater knowledge and understanding of Management Information systems to provide management and oversight of program services.				
Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
Management Information Systems					
1. Revisit organizational chart to ensure staff needed to carry out operations are in place.	By October 2019	Human Services Director, Program Director		New organizational structure	
2. Evaluate existing ChildPlus system and identify areas of needed improvement.	By October 25, 2019	ERSEA/Data Coordinator, Program Director		Child Plus System Evaluation Report.	
3. Update existing ChildPlus database system to merge the grantee and delegate systems: <ul style="list-style-type: none"> - Align events in each service area - Transfer data from delegate to grantee data base – so that there is one CP system. - Train both grantee and delegate staff on new aligned system, data collection and entry workflow. 	Begins – By October 28, 2019 and completion by January 2020.	ERSEA/Data Coordinator and Management Staff		ChildPlus Specialist reports on merger and data integration <ul style="list-style-type: none"> • Assessment Report • Plan for Merger of Systems • Regular Reports on Merger 	
4. Review and update policies and procedures for all service areas to ensure inclusion of Child Plus use for program oversight. Train staff on revised policies and procedures.	By November 30, 2019	Management Staff, Program Director		Finalized Policies and Procedures that include Child Plus for program oversight.	

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Key Element:	Program Performance and Management Information Systems - Data Collection, Usability, and Analysis				
Intended Outcome:	To gain greater knowledge and understanding of Management Information systems to provide management and oversight of program services.				
Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
5. Modify ChildPlus manuals for specific service areas that include detailed information on who is responsible, how to enter data, types of data that need to be collected, frequency of monitoring of data, and which reports are reviewed on a regular basis.	By December 13, 2019	ERSEA/Data Coordinator		Modified ChildPlus manuals	
6. Assess Child Plus skill set of all management staff according to beginner, intermediate and advanced level and Child Plus skill assessment tool. Child Plus trainer conducts Child Plus trainings in groups according to skill level (Beginners, Intermediate and Advanced).	By November 30, 2019	Data Coordinator, Coach Coordinator, Program Director		Child Plus Assessment Report for each management staff. Sign-in Sheets and Training Agenda. Improved data/analysis in monthly reports to policy groups.	
7. Implement updated policy and procedure by presenting weekly Child Plus reports at management meetings that interprets reports for program performance oversight.	By December 1, 2019	All Management staff, Program Director	ChildPlus Management Reports To Do List in ChildPlus	Weekly Child Plus Reports in all Service Areas, Meeting Minutes.	
8. Assess Child Plus monitoring, reports and file review bi-weekly, during supervision.	Ongoing beginning October 21, 2019	Supervisors, Program Director		Supervision Record Form	

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Key Element:	Program Performance and Management Information Systems - Data Collection, Usability, and Analysis				
Intended Outcome:	To gain greater knowledge and understanding of Management Information systems to provide management and oversight of program services.				
Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
9. Include Child Plus as an area of growth and development in all management staff professional development plans, as well as include specific expectations and strategies for management staff to attain the next level of mastery.	By November 08, 2019	Management Staff, Program Director		Signed Professional Development Plans	
10. Include the expectation of advanced Child Plus knowledge and understanding to effectively monitor and provide program oversight as a key role and function of all management staff.	By October 11, 2019	Program Director		Management Staff Role and Function Document	
11. Get approval from the City for a new position of Child Plus Data Specialist to ensure ongoing Child Plus skill and implementation from management to field staff. Monitors quality of data entry, use of reports, supports program oversight and child plus trouble shooting at grantee, delegate and partner sites.	By January 08, 2019	Human Services Director, Program Director		City Resolution approving new position.	

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Key Element:	Program Performance and Management Information Systems - Data Collection, Usability, and Analysis				
Intended Outcome:	To gain greater knowledge and understanding of Management Information systems to provide management and oversight of program services.				
Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
Ongoing Supervision to individual staff					
1. Update City policy and procedure on supervision to specify the steps for supervision, frequency, and tasks for discussion, as well as train supervisors on implementing policy.	By October 25, 2019	HS Planner, Program Director		Supervision policy and procedure, sign-in sheets, Training agenda, supervision documentation forms.	
2. Conduct quarterly random audit of supervisor records to ensure supervision is occurring.	By November 30, 2019	HS Planner, and Program Director, Program Supervisor of Business Services.		Audit report	
Ongoing professional development to individual staff					
1. Assign the professional development system to the Coach Coordinator who will be responsible for updating the policy and procedure on professional development plans, training staff and supervisors on implementing policy, and tracking PD in ChildPlus.	By October 15, 2019	Coach Coordinator, Program Director		Updated policy and procedure, sign-in sheets, Training agenda, professional development plans for all staff.	
2. Update the professional development policy and procedure.	By October 25, 2019	Coach Coordinator			
3. Implement the updated policy by developing a program wide professional development	By November 1, 2019	Coach Coordinator, Program Director		HS Professional Development and	

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Key Element:	Program Performance and Management Information Systems - Data Collection, Usability, and Analysis				
Intended Outcome:	To gain greater knowledge and understanding of Management Information systems to provide management and oversight of program services.				
Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
strategy and implementation plan including a calendar of professional development priorities and activities for the year, mandatory trainings and a monitoring tool for ongoing monitoring of PD.				Training Strategic Plan.	
4. Monitor implementation of performance development plans through individual supervision and mid-year performance evaluations.	Ongoing beginning December 2, 2019	Coach Coordinator, Supervisors, Program Director		Supervision documentation forms, Audit report of performance plans.	

2. Area of Deficiency: Ongoing Monitoring and Continuous Improvement

Performance Standards	Description of Incident	Underlying/ Root Causes <i>Why do we think this happened?</i>	Actions taken to address this specific incident <i>What were some immediate actions taken? What did we do that specifically addressed this incident?</i>
1302.102 Achieving program goals. (c) Using data for continuous improvement. (2) This process must:(iv) Use information from ongoing monitoring	The grantee did not ensure data is aggregated, analyzed and compared in such a way to assist the delegate and partners in identifying risks and informing strategies for	<ul style="list-style-type: none"> The City of Oakland Hiring Process is a lengthy and time-consuming process that makes filling any new vacancy a challenge. New Hires can take anywhere from 6 months to 1 year depending on competing City priorities. The City's hiring process follows a rigorous 32 step process to hire a full-time employee 	<ul style="list-style-type: none"> The Human Services Director worked with the City's personnel and human resources department to fast track hiring of direct service teaching staff. This was accomplished in PY 2018-19 and the following activities continue: weekly meetings with the Head Start HR Supervisor and the

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Performance Standards	Description of Incident	Underlying/ Root Causes <i>Why do we think this happened?</i>	Actions taken to address this specific incident <i>What were some immediate actions taken?</i> <i>What did we do that specifically addressed this incident?</i>
<p>and the annual self-assessment, and program data on teaching practice, staffing and professional development, child-level assessments, family needs assessments, and comprehensive services, to identify program needs, and develop and implement plans for program improvement; and,</p>	<p>continuous improvement in all program service areas.</p> <p>The grantee was not collecting program performance data for delegate and partners and was not tracking outcomes in Child Plus; therefore the grantee was unable to demonstrate or use data to aggregate, analyze, and use the data to support the delegate and partners in improving teaching practices, making adjustments in services to help families achieve their goals, improving the child health services or any other comprehensive services provided.</p>	<ul style="list-style-type: none"> • During the initial two years of the program, grantee staff focused on providing direct services due to staffing shortages so as not to affect children and families; therefore, management, monitoring and oversight of delegate and partners was delayed. • In the re-organization of the program, a new Program Supervisor position was created to manage the delegate and collaborative partners. The specific functions and duties of this position as it relates to ongoing monitoring and the overall role of service area managers was not clearly defined. • Due to all the changes over the last 5 years the program was in an infancy stage of developing comprehensive management systems that incorporated monitoring and tracking performance data of collaborative partners. 	<p>City HR Team to prioritize vacancies and keep processes moving.</p> <ul style="list-style-type: none"> • Assessment of individual and collective knowledge of management staff to fully understand data to assess goals, continuous improvement, and supportive operational plans. • Work functionality statements were written for the various positions of the organization to include monitoring of partners and delegate. The various levels are as follows: <ul style="list-style-type: none"> ○ Level 1 – Program Director ○ Level 2 – Program Supervisors ○ Level 3 – Program Coordinators (Content and School Readiness) ○ Level 4 – Field-Based and Other Staff (Center Directors and Family Advocates) ○ Level 5 – Direct Services Non-Supervisory Staff • Re-organization of the program structure is in process, as mentioned in the first Area of Deficiency.

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Actions Taken to Strengthen Systems Program-wide

Key Element:	Ongoing Monitoring and Data Evaluation of Delegate and Partners				
Intended Outcome:	To assess regular performance and compliance of delegate and partners on a regular basis and use data support in improving teaching practices, making adjustments in services to help families achieve their goals, improving the child health services or any other comprehensive services provided.				
Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
Data Aggregation, Analysis and Comparison					
1. Re-train management staff in the use of data from program performance measurement to evaluation.	By October 31, 2019	HS Planner		Sign-in Sheets and Training Agenda.	
2. Assess the quality of program performance data for delegate and partners based on Key Performance Indicators monthly.	Beginning November 2019 and ongoing throughout the year	Program Supervisor of Collaboration, HS Planner, Program Director, Management Staff		Key Performance Indicator Reports	
3. Enhance comprehensive Ongoing Monitoring and Continuous Improvement that includes regular (weekly, monthly, quarterly) monitoring and evaluation activities, analysis and reporting, program analysis and evaluation. (See Program Planning Section for policies and procedures)	By Oct. 31, 2019	HS Planner, Program Director		Monitoring and Evaluation Plan, monitoring reports, Analysis and evaluation reports.	
4. Use information from ongoing monitoring and the annual self-assessment, and program data on teaching practice, staffing and professional development, child-level assessments,	By November 30, 2019	Program Supervisor of Collaboration, HS Planner, Program Director, Management Staff		Monitoring Reports, annual self-assessment, child-level assessments, family needs assessments.	

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Key Element:	Ongoing Monitoring and Data Evaluation of Delegate and Partners				
Intended Outcome:	To assess regular performance and compliance of delegate and partners on a regular basis and use data support in improving teaching practices, making adjustments in services to help families achieve their goals, improving the child health services or any other comprehensive services provided.				
Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
family needs assessments, and comprehensive services, to identify program needs, and develop and implement plans for program improvement. Implement the monitoring system to include delegate and partners inclusive of issuing monitoring reports that are sent to the delegate or partners executive leadership team with expectations for plans for correction.					
5. Update ChildPlus system including merging of delegate CP to grantee system to allow the use of data to track outcomes in Child Plus for all service areas.	By January 2020	Program Director, ChildPlus Specialist, ERSEA/Data Coordinator and Management Staff		Merged Child Plus System	
6. Include delegate and partner performance data in the monthly Data Performance Indicator Dashboards, quarterly trend analysis. Highlight progress of each delegate and partner in the reports that are provided to the Policy Council and HS	By December 30, 2019	Program Supervisor of HR and Business, HS Planner, Supervisor of Comprehensive services, Program Director		Monthly, Data Performance Indicator Dashboards, Quarterly Monitoring Report	

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Key Element:	Ongoing Monitoring and Data Evaluation of Delegate and Partners				
Intended Outcome:	To assess regular performance and compliance of delegate and partners on a regular basis and use data support in improving teaching practices, making adjustments in services to help families achieve their goals, improving the child health services or any other comprehensive services provided.				
Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
Advisory Board. Use data analysis to support delegate and partners to improve teaching practices, adjust in services to help families achieve their goals, improve child health services and all other comprehensive services provided.					
7. Develop the framework and methodology for a comprehensive annual evaluation of delegate and partners using aggregate data from monitoring reports to identify risks and inform strategies for continuous improvement in all program service areas which become part of the annual contract with special conditions if needed.	By January 08, 2020	Program Supervisor of Collaboration, HS Planner, Program Director		Framework for Annual Evaluation of Delegate and Partners	
8. Monthly meetings with delegate management team to discuss ongoing monitoring reports and to make improvements and adjustments as needed.	Beginning October 25, 2020	Program Supervisor of Collaboration, HS Planner, Program Director		Sign-in sheets, meeting agendas.	
9. Child Plus Data Specialist and Monitoring and Evaluation Analyst hiring requisition. submitted to HR. New positions	By January 08, 2020	Human Services Director, Program Director		Approval to hire Limited Duration Employee.	

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Key Element:	Ongoing Monitoring and Data Evaluation of Delegate and Partners				
Intended Outcome:	To assess regular performance and compliance of delegate and partners on a regular basis and use data support in improving teaching practices, making adjustments in services to help families achieve their goals, improving the child health services or any other comprehensive services provided.				
Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
will hold lead Child Plus and Ongoing Monitoring and Continuous Improvement responsibility.					

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3. Area of Non-Compliance: Program Management

Performance Standard	Description of Incident	Underlying/ Root Causes <i>Why do we think this happened?</i>	Actions taken to address this specific incident <i>What were some immediate actions taken? What did we do that specifically addressed this incident?</i>
<p>1302.91 Staff qualifications and competency requirements. (a) Purpose. A program must ensure all staff, consultants, and contractors engaged in the delivery of program services have sufficient knowledge, training and experience, and competencies to fulfill the roles and responsibilities of their positions and to ensure high-quality service delivery in accordance with the program performance standards. A program must provide ongoing training and professional development to support staff in fulfilling their roles and responsibilities.</p>	<p>The grantee did not ensure that all of the program managers had an effective system to utilize their knowledge, training, and experience to ensure high-quality service delivery.</p> <p>The grantee did not demonstrate program oversight to ensure that all staff, consultants, and contractors had sufficient knowledge and training to implement program services as evident in health services, ERSEA, and staff qualifications.</p>	<ul style="list-style-type: none"> • During the first 2.5 years of program implementation, the program focused on reorganization of staffing. For example, the long-time HS Director retired, and the City had interim directors for two years. The program also re-organized to support a smaller number of directly operated, managed centers and an increased number of children served through partnerships. • In addition to the leadership vacancy, the program experienced teaching shortages, like many HS programs across the State. This resulted in management staff, including service area coordinators, to dedicate time to staff centers so services to children and families would not be disrupted. Thus, the focus on developing and implementing comprehensive management systems, inclusive of program oversight, was delayed until Year 3. 	<ul style="list-style-type: none"> • Management systems that incorporate program supervision are being developed thus creating greater accountability. • In the current re-organization, the Coach Coordinator’s duties will be refined to include overall responsibility for training and professional development.

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Actions Taken to Strengthen Systems Program-wide

Key Element:	Knowledge and Training of Program Staff to Implement Program Services				
Intended Outcome:	The successful implementation of program services that are in compliance with applicable HSPPS, as well as meet best practice standards.				
Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
Staff Knowledge, Training and Experience:					
1. Re-train all management staff in the Performance Standards.	By November 25, 2019.	Coach Coordinator, Program Director		Sign-in sheet and training agenda.	
2. Re-train management staff in the use of data from program performance measurement to evaluation.	By October 31, 2019	HS Planner, Program Director		Sign-in Sheets and Training Agenda.	
3. Add a performance rubric in the annual performance appraisal on maintaining knowledge and training in service areas.	By January 8, 2020	Program Supervisor of Business Services		Performance Appraisals	
4. Monitor implementation of performance development plans quarterly.	Ongoing beginning October 31, 2019	Coach Coordinator, Supervisors, Program Director		Supervision documentation forms, Audit report of performance plans.	

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4. Area of Non-Compliance: Program Management

Performance Standard	Description of Incident	Underlying/ Root Causes <i>Why do we think this happened?</i>	Actions taken to address this specific incident <i>What were some immediate actions taken? What did we do that specifically addressed this incident?</i>
<p>1302.92 Training and professional development. (b) A program must establish and implement a systematic approach to staff training and professional development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high-quality, comprehensive services within the scope of their job responsibilities, and attached to academic credit as appropriate. At a minimum, the system must include: (1) Staff completing a minimum of 15 clock hours of professional development per year. For teaching staff, such professional development must meet the requirements described in section 648A(a)(5) of the Act. (2) Training on methods to handle suspected or known child</p>	<p>The grantee did not ensure the program had established and implemented a systematic approach to staff training and professional development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high-quality, comprehensive services within the scope of their job responsibilities, and attached to academic credit as appropriate.</p> <p>In interviews with the Head Start/Early Head Start Director, Human Resource/Fiscal Coordinator, Health/Nutrition Coordinator, and two ERSEA support staff, they were not able to provide documentation of staff training. The management team stated they were still relying on expertise from consultants due to their lack of knowledge in their newly assigned content areas. The Director and management team were not able to provide professional development plans</p>	<ul style="list-style-type: none"> • Training and professional development activities were distributed among all service area Coordinators and the four Program Supervisors. The responsibility for managing, coordinating, and tracking ongoing staff training and professional development was not specifically assigned to any one person. • The first 2.5 years of the program were dedicated to staffing the centers, resulting in service area coordinators having to fill in vacancies at the centers so as not to affect children and families. This resulted in the delay of the creation of management systems and policies/procedures for service areas, inclusive of professional development plans. 	<ul style="list-style-type: none"> • The Coach Coordinator’s job responsibilities have been expanded to include oversight of managing, coordinating, and tracking ongoing staff training and professional development.

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Performance Standard	Description of Incident	Underlying/ Root Causes <i>Why do we think this happened?</i>	Actions taken to address this specific incident <i>What were some immediate actions taken?</i> <i>What did we do that specifically addressed this incident?</i>
<p>abuse and neglect cases, that comply with applicable federal, state, local, and tribal laws; (3) Training for child and family services staff on best practices for implementing family engagement strategies in a systemic way, as described throughout this part; (4) Training for child and family services staff, including staff that work on family services, health, and disabilities, that builds their knowledge, experience, and competencies to improve child and family outcomes; and, (5) Research-based approaches to professional development for education staff, that are focused on effective curricula implementation, knowledge of the content in Head Start Early Learning Outcomes Framework: Ages Birth to Five, partnering with</p>	<p>to support the staff's growth and development.</p>		

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Performance Standard	Description of Incident	Underlying/ Root Causes <i>Why do we think this happened?</i>	Actions taken to address this specific incident <i>What were some immediate actions taken?</i> <i>What did we do that specifically addressed this incident?</i>
<p>families, supporting children with disabilities and their families, providing effective and nurturing adult-child interactions, supporting dual language learners as appropriate, addressing challenging behaviors, preparing children and families for transitions (as described in subpart G of this part), and use of data to individualize learning experiences to improve outcomes for all children.</p>			

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Actions Taken to Strengthen Systems Program-wide

Key Element:	Training and professional development.				
Intended Outcome:	The successful implementation of program services that are in compliance with applicable HSPPS, as well as meet best practice standards.				
Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
Training and professional development:					
1. Refresher training for all management staff in the Performance Standards.	By November 25, 2019.	Coach Coordinator, Program Director		Sign-in sheet and training agenda.	
2. Train management staff in the use of data from program performance measurement to evaluation.	By October 31, 2019	HS Planner, Program Director		Sign-in Sheets and Training Agenda.	
3. Add a performance rubric in the annual performance appraisal on maintaining knowledge and training in service areas.	By January 8, 2020	Program Supervisor of Business Services		Performance Appraisals of staff's participation in at least 15 clock hours of professional development (1302.92)	
4. Update policy and procedure on professional development plans and training protocol. Train and monitor (quarterly) supervisors on implementing policy.	By October 31, 2019	Coach Coordinator, Program Director, HR and Business Supervisor		Updated policy and procedure, sign-in sheets, Training agenda, professional development plans for all staff.	
5. Program Wide Professional Development Strategy and Implementation Plan	By October 25, 2019	Coach Coordinator, Program Director		Professional Development Strategy and Implementation Plan.	
6. Monitor implementation of performance development plans quarterly.	Ongoing beginning November 18, 2019	Coach Coordinator, Supervisors, Program Director		Supervision documentation forms, Audit report of performance plans.	

5. Area of Non-Compliance: Ongoing Monitoring and Continuous Improvement

Performance Standards	Description of Incident	Underlying/ Root Causes <i>Why do we think this happened?</i>	Actions taken to address this specific incident <i>What were some immediate actions taken? What did we do that specifically addressed this incident?</i>
<p>1302.102 Achieving program goals. (c) Using data for continuous improvement. (2) This process must: (i) Ensure data is aggregated, analyzed and compared in such a way to assist agencies in identifying risks and informing strategies for continuous improvement in all program service areas;</p>	<p>The grantee did not ensure data is aggregated, analyzed, and compared in such a way to assist agencies in identifying risks and informing strategies for continuous improvement in all program service areas.</p> <p>The grantee was not collecting program performance data for delegate and partners and was not tracking outcomes in Child Plus. During the data tour, data entry was incomplete or inaccurate. During the review of policies and procedures, many inconsistent versions were provided by the management team and support staff. The inconsistent data, policies, and procedures made it difficult for managers to identify risks and inform strategies for continuous</p>	<ul style="list-style-type: none"> • The program’s policies and procedures for data entry into ChildPlus, monitoring of data integrity in ChildPlus, and analyzing data for continuous improvement was in the process of being created in Year 3 of the program. • Regular compliance and accountability reports using data from ChildPlus were not required in the first 2.5 years of the program, given the program’s priorities to fill center staff vacancies. 	<ul style="list-style-type: none"> • Policies and procedures are being updated for all content areas.

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Performance Standards	Description of Incident	Underlying/ Root Causes <i>Why do we think this happened?</i>	Actions taken to address this specific incident <i>What were some immediate actions taken?</i> <i>What did we do that specifically addressed this incident?</i>
	<p>program improvement. During staff interviews, data tours, review of child files, and a review of the Child Plus database had inaccurate data for 60 out of 85 ERSEA child files reviewed. The Disabilities Coordinator identified 36 children in the various stages of referral to the Local Education Agency (LEA) for Individual Education Plans (IEP) and Individual Family Service Plans (IFSP) and assumed the program had met the 10 percent disabilities requirement. The Disabilities Coordinator inaccurately counted children in the evaluation process as children with identified disabilities when in fact was not yet determined. The grantee is not using data for decision-making or to make program improvements in all service areas.</p>		

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Performance Standards	Description of Incident	Underlying/ Root Causes <i>Why do we think this happened?</i>	Actions taken to address this specific incident <i>What were some immediate actions taken?</i> <i>What did we do that specifically addressed this incident?</i>
	<p>As a result, the grantee did not ensure data is aggregated, analyzed and compared in such a way to assist the delegate and partners in identifying risks and informing strategies for continuous improvement in all program service areas; therefore, it is not in compliance with the regulation.</p> <p>Information was not used for ongoing monitoring and improvement of teaching practices, child-level assessments, family outcomes, health and safety practices, and other comprehensive services. 1302.102(c)(2)(iv)</p>		

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Actions Taken to Strengthen Systems Program-wide

Key Element:	Ongoing Monitoring and Data Evaluation of All Program Services				
Intended Outcome:	To assess regular performance and compliance of all program services on a regular basis and use data support in improving teaching practices, making adjustments in services to help families achieve their goals, improving the child health services or any other comprehensive services provided.				
Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
Data Aggregation, Analysis and Comparison					
1. Train management staff in the use of data from program performance measurement to evaluation.	By October 31, 2019	HS Planner, Program Director		Sign-in Sheets and Training Agenda.	
2. Implement Ongoing Monitoring and Continuous Improvement policy by developing an Ongoing Monitoring and Continuous Improvement Workplan.	By December 20, 2019	HS Planner, Program Director		Ongoing Monitoring and Continuous Improvement Workplan.	
3. Implement the monitoring system, inclusive of issuing monitoring reports that are shared with the Policy Council and Head Start Advisory Board on a quarterly basis.	By January 08, 2019	Program Supervisor of Collaboration, HS Planner, Program Director, Management Staff		Monitoring Reports	
4. Enhance ChildPlus system and merge delegate data into grantee Child Plus system to allow the use of data to track outcomes in Child Plus for all service areas.	By January 2020	Program Director, ChildPlus Specialist, ERSEA/Data Coordinator and Management Staff		Merged Child Plus System	
5. Develop a monthly, Data Performance Indicator Dashboard that includes delegate and partner performance data. Share the	By October 31, 2019	Program Supervisor of Collaboration, HS Planner, Program Director		Monthly, Data Performance Indicator Dashboards	

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Key Element:	Ongoing Monitoring and Data Evaluation of All Program Services				
Intended Outcome:	To assess regular performance and compliance of all program services on a regular basis and use data support in improving teaching practices, making adjustments in services to help families achieve their goals, improving the child health services or any other comprehensive services provided.				
Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
monthly dashboard with the Policy Council and HS Advisory Board.					
6. Use monitoring data by conducting quarterly trend analysis that culminates into a quarterly monitoring report to support staff to improve teaching practices, adjust services to help families achieve their goals, improve child health services or all other comprehensive services provided. The quarterly monitoring report will be shared with Executive Leadership, Policy Council and HS Advisory Board.	By December 2019	Program Supervisor of Collaboration, HS Planner, Program Director		Quarterly Monitoring Report	
7. Develop Data Performance Indicator Dashboards based on ChildPlus that is shared with Executive Leadership, Policy Council and the HS Advisory Board on a monthly basis.	By October 31, 2019	HS Planner, Program Director		Monthly Data Performance Indicator Dashboards	
8. Develop a quarterly Program Information Report that draws on data from ChildPlus and informs the status of program compliance that is shared with	By December 2019	HS Planner, Program Director		Quarterly Program Information Report	

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Key Element:	Ongoing Monitoring and Data Evaluation of All Program Services				
Intended Outcome:	To assess regular performance and compliance of all program services on a regular basis and use data support in improving teaching practices, making adjustments in services to help families achieve their goals, improving the child health services or any other comprehensive services provided.				
Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
Executive Leadership, Policy Council and the HS Advisory Board.					

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6. Area of Non-Compliance: Supporting Teachers in Promoting School Readiness

Performance Standards	Description of Incident	Underlying/ Root Causes <i>Why do we think this happened?</i>	Actions taken to address this specific incident <i>What were some immediate actions taken? What did we do that specifically addressed this incident?</i>
<p>1302.91 Staff qualifications and competency requirements. (e) Child and family services staff. (2) Head Start center-based teacher qualification requirements.</p> <p>(ii) As prescribed in section 648A(a)(3)(B) of the Act, a program must ensure all center-based teachers have at least an associate's or bachelor's degree in child development or early childhood education, equivalent coursework, or otherwise meet the requirements of section 648A(a)(3)(B) of the Act.</p>	<p>The grantee did not ensure all delegate and partner Head Start teachers, Early Head Start teachers, and home visitors met the qualification requirements.</p> <p>A review of the delegate and partner's staff qualification tracking sheet indicated 21 out of 80 Head Start teachers did not have an associate's or bachelor's degree and 16 out of 54 Early Head Start teachers did not have a Child Development Associate credential (CDA). In addition, 4 out of 17 Early Head Start home visitors did not have the minimum of a home-based CDA. Additionally, the delegate and partner staff files did not contain an Individual Professional Development Plans to pursue the appropriate qualifications.</p>	<ul style="list-style-type: none"> • In the re-organization of the program, a new Program Supervisor position was created to manage the delegate and partners. The specific functions and duties of this position as it relates to ongoing monitoring and the overall role of service area managers was not clearly defined. • The program's ongoing monitoring system for delegates and partners was in the infancy stage of development. • After year one of the grant it became apparent that a better staffing approach was needed to support partners and delegates. The Program Supervisor position was created and finally implemented in late year-two of the five-year grant. 	<ul style="list-style-type: none"> • Revised partner and delegate scope of work and agreed on clear expectations for all partners to align all systems and they will be regularly monitored regarding qualifications requirements. • Provided additional funds in Year 4 contracts to ensure partners and delegates are able to achieve professional development towards qualifications training of staff.

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Performance Standards	Description of Incident	Underlying/ Root Causes <i>Why do we think this happened?</i>	Actions taken to address this specific incident <i>What were some immediate actions taken? What did we do that specifically addressed this incident?</i>
	The grantee did not ensure all delegate and partner Head Start teachers, Early Head Start teachers, and home visitors met the qualification requirements; therefore, it was not in compliance with the regulation.		

Actions Taken to Strengthen Systems Program-wide

Key Element:	Staff qualifications and competency requirements.				
Intended Outcome:	All delegate and partner Head Start teachers, Early Head Start teachers, and home visitors meet the qualification requirements.				
Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
Qualification & Competency requirements:					
1. Review delegate and partner staff qualifications checklist at the beginning of the program year. Ensure on-going submission of tracking information as new staff are hired.	By October 30, 2019	Coach Coordinator, Supervisor for Delegate and partners		Completed and Signed staff qualifications checklist, background checks, transcripts, from partners and delegates. HR Staff qualifications monitoring reports.	
2. Review individual professional development plans for all staff who do not meet the	By October 30, 2019	Coach Coordinator		Signed copies of performance development plans.	

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Key Element:	Staff qualifications and competency requirements.				
Intended Outcome:	All delegate and partner Head Start teachers, Early Head Start teachers, and home visitors meet the qualification requirements.				
Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
qualifications requirement at the start of the program year.					
3. Biannual audit of delegate and partner staff by classroom and staff files to assess progress with performance development plans related to qualifications.	By December 13, 2019	Coach Coordinator		Performance Plan audit report.	
4. Update qualifications policy and procedure to include monitoring of partner and delegate qualifications and performance development plans.	By November 25, 2019	Coach Coordinator, HS Planner		Updated qualifications and competency policy and procedure.	

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7. Area of Non-Compliance: Child Health Status and Care

Performance Standards	Description of Incident	Underlying/ Root Causes <i>Why do we think this happened?</i>	Actions taken to address this specific incident <i>What were some immediate actions taken? What did we do that specifically addressed this incident?</i>
<p>1302.42 Child health status and care (b) Ensuring up-to-date child health status. (1) Within 90 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, with the exceptions noted in paragraph (b)(3) of this section, a program must: (i) Obtain determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care, based on: the well- child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the state in which they operate,</p>	<p>The grantee did not ensure up-to-date health care status for children attending the program by obtaining determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age-appropriate preventive and primary medical and oral health care, based on the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) within 90 days.</p> <p>The grantee did not have a system to accurately ensure children were up-to-date on age-appropriate medical and oral health as required by EPSDT. During the health data tour, the Health/Nutrition Coordinator provided</p>	<ul style="list-style-type: none"> • As centers were short-staffed during the first 2.5 years of the program, service area coordinators and family advocates were required to staff classrooms to ensure services to children and families were not disrupted. • The Family Services Coordinator position was initially vacant and was filled in August 2018. • The Program Supervisor for Partners and Delegates was hired in March 2018. • The role and responsibilities of the Health/Nutrition Coordinator include oversight of the central kitchen, which impedes regular monitoring and follow-up activities. 	<ul style="list-style-type: none"> • The program has modified a newly vacant Family Advocate role to serve as a Family Advocate – health specialist who will be responsible for following up with all families who are not meeting health or oral health requirements. Program is in the process of hiring a temporary employee to this role while the City recruitment process is underway.

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Performance Standards	Description of Incident	Underlying/ Root Causes <i>Why do we think this happened?</i>	Actions taken to address this specific incident <i>What were some immediate actions taken? What did we do that specifically addressed this incident?</i>
immunization recommendations issued by the Centers for Disease Control and Prevention, and any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems;	child files and ChildPlus data reports which showed at the time of the review out of 1006 children, 141 physical exams were not completed, 241 immunizations were not up-to-date, and 121 dental screenings were not completed. The Health/Nutrition Coordinator confirmed that all required screenings had not been completed. The grantee did not ensure up-to-date health care status for children attending the program by obtaining determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age-appropriate preventive and primary medical and oral health care, based on the well-child visits and dental periodicity schedules as prescribed by		

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Performance Standards	Description of Incident	Underlying/ Root Causes <i>Why do we think this happened?</i>	Actions taken to address this specific incident <i>What were some immediate actions taken? What did we do that specifically addressed this incident?</i>
	the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) within 90 days; therefore, it was not in compliance with the regulation.		

Actions Taken to Strengthen Systems Program-wide

Key Element:	Child health status and care				
Intended Outcome:	Ensure up-to-date health care status for children attending the program,				
Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
Medical and Oral Health Requirements:					
1. Active recruitment for Health and Nutrition Coordinator and Health Specialist.	By January 08, 2020	HR Supervisor, Comprehensive Services Supervisor, Program Director		Approved requisition	
2. Train temporary Health Specialist and Comprehensive Services supervisor on Child Health Status and Care requirements and monitoring through Child Plus.	By October 30, 2019	Coach Coordinator, Program Director		Training Agenda and Sign-in sheets.	
3. Weekly Health Status Child Plus reports presented at management meetings that	Beginning October 2019	All Management staff, Program Director		Weekly Child Plus Reports, Meeting Minutes.	

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Key Element:	Child health status and care				
Intended Outcome:	Ensure up-to-date health care status for children attending the program,				
Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
demonstrates interpretation of reports for program performance.					
4. Assess Child Plus monitoring and file review during supervision.	Beginning October 2019	Supervisors, Program Director		Supervision Record Form	
5. Quarterly Child Plus Audit of Child Health Status files	beginning November 2019	Data Coordinator, HS Planner, Program Director		Child Health Status Audit Report. Child File audit form.	

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8. Area of Non-Compliance: Eligibility

Performance Standards	Description of Incident	Underlying/ Root Causes <i>Why do we think this happened?</i>	Actions taken to address this specific incident <i>What were some immediate actions taken? What did we do that specifically addressed this incident?</i>
<p>1302.12 Determining, verifying, and documenting eligibility. (k) Records. (1) A program must keep eligibility determination records for each participant and ongoing records of the eligibility training for staff required by paragraph (m) of this section. A program may keep these records electronically. (2) Each eligibility determination record must include: (i) Copies of any documents or statements, including declarations, that are deemed necessary to verify eligibility under paragraphs (h) and (i) of this section; (ii) A statement that program staff has made reasonable efforts to verify information by: (A) Conducting either an in-person, or a telephone interview with the family</p>	<p>The grantee did not maintain child files with an eligibility record that included the child's eligibility category, documentation that staff completed an in-person or phone interview with the family, and the documents used to determine eligibility for each child or pregnant woman.</p> <p>At the time of the review, 60 out of the 85 child files sampled did not contain the required documentation. When comparing the child files with the ChildPlus system, documentation was inconsistent regarding family size calculation, eligibility categories, and incorrect income verification. A review of child file applications found several did not have the required signature of a grantee staff member</p>	<ul style="list-style-type: none"> • The long-time ERSEA Coordinator left before receipt of the new grant. • The Business Services Supervisor was also the ERSEA/Data Coordinator from July 2016 to the new hire in May 2017. • Supervision and oversight for the ERSEA system changed three times during the first three years, which led to limitations in institutional knowledge. 	<ul style="list-style-type: none"> • The ERSEA service area was moved under the Program Director to provide more effective oversight. • ERSEA policies and procedures are being revised to ensure consistency of data entry, record collection and review, as well as the electronic retention of source documentation.

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Performance Standards	Description of Incident	Underlying/ Root Causes <i>Why do we think this happened?</i>	Actions taken to address this specific incident <i>What were some immediate actions taken? What did we do that specifically addressed this incident?</i>
<p>as described under paragraph (a)(1)(i) or (a)(2) of this section; and, (B) Describing efforts made to verify eligibility, as required under paragraphs (h) through (i) of this section; and, collecting documents required for third party verification that includes the family’s written consent to contact each third party, the third parties’ names, titles, and affiliations, and information from third parties regarding the family’s eligibility. (iii) A statement that identifies whether: (A) The family’s income is below income guidelines for its size, and lists the family’s size; (B) The family is eligible for or, in the absence of child care, potentially eligible for public assistance; (C) The child is a homeless child or the child is in foster care; (D) The</p>	<p>responsible for determining eligibility. Family Advocates confirmed not all applications were signed and documentation was omitted from child files. In addition, child files sampled revealed the following 10 files did not utilize the appropriate year-to-date eligibility calculation when verifying income; 21 files contained incomplete documentation of third-party verification of income; 31 files had application dates after the eligibility date.</p> <p>The grantee did not maintain child files with an eligibility record that included the child's eligibility category, documentation that staff completed an in-person or phone interview with the family, and the documents used to determine eligibility for each child or</p>		

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Performance Standards	Description of Incident	Underlying/ Root Causes <i>Why do we think this happened?</i>	Actions taken to address this specific incident <i>What were some immediate actions taken? What did we do that specifically addressed this incident?</i>
family was determined to be eligible under the criterion in paragraph (c)(2) of this section; or, (E) The family was determined to be eligible under the criterion in paragraph (d)(1) of this section. (3) A program must keep eligibility determination records for those currently enrolled, as long as they are enrolled, and, for one year after they have either stopped receiving services; or are no longer enrolled.	pregnant woman; therefore, it was not in compliance with the regulation.		

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Actions Taken to Strengthen Systems Program-wide

Key Element:	Determining, verifying, and documenting eligibility.				
Intended Outcome:	Program keeps eligibility determination records for each participant.				
Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
1. Update all ERSEA policies and procedures.	By October 31, 2019	ERSEA/Data Coordinator, HS Program Planner		Finalized ERSEA policies and procedures	
2. Re-train management, ERSEA, and family advocate staff on ERSEA performance standards and documentation of eligibility.	By November 22, 2019	ERSEA/Data Coordinator, Coach Coordinator		Sign-in sheets, agenda, evaluation forms	
3. Enhance existing ChildPlus database system to merge the grantee and delegate systems, as well as to reformat how data is collected and reported within ChildPlus.	Begins – October 2019 and completion by January 2020	Program Director, ChildPlus Specialist, ERSEA/Data Coordinator and Management Staff		ChildPlus Specialist reports on merger and data integration <ul style="list-style-type: none"> • Assessment Report • Plan for Merger of Systems • Regular Reports on Merger 	
4. Modify ChildPlus manuals for ERSEA to include detailed information on how to enter data, types of data that need to be collected, frequency of monitoring of data, and which reports are reviewed on a regular basis.	By December 2019	Program Director, ChildPlus Specialist, ERSEA/Data Coordinator and Management Staff		ChildPlus ERSEA Manual	
5. Audit 100% of ERSEA Child Files for grantee, delegate and partners.	Quarterly Audit Beginning	Program Director, ChildPlus Specialist, ERSEA/Data		ERSEA audit report and correction action plans	

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Key Element:	Determining, verifying, and documenting eligibility.				
Intended Outcome:	Program keeps eligibility determination records for each participant.				
Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
	November, 2019	Coordinator and Management Staff			
6. Conduct Monthly monitoring of ERSEA child files of grantee, partner and delegates.	Beginning November, 2019	Program Director, ChildPlus Specialist, ERSEA/Data Coordinator and Management Staff		ERSEA Monitoring Report, correction action plans, Weekly Enrollment Reports. Child File audit form.	

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9. Area of Non-Compliance: Eligibility

Performance Standards	Description of Incident	Underlying/ Root Causes <i>Why do we think this happened?</i>	Actions taken to address this specific incident <i>What were some immediate actions taken? What did we do that specifically addressed this incident?</i>
<p>1302.14 Selection process. (b) Children eligible for services under IDEA. (1) A program must ensure at least 10 percent of its total funded enrollment is filled by children eligible for services under IDEA, unless the responsible HHS official grants a waiver.</p>	<p>The program did not ensure at least 10 percent of its total funded enrollment is filled by children eligible for services under the Individuals with Disabilities Education Act (IDEA).</p> <p>A review of child files found only 5 percent out of 1,006 enrolled children were receiving services under IDEA. During an interview with the Disabilities Coordinator and Senior Data Operator they confirmed they were inaccurately counting 36 children referred to the Local Educational Agency as a part of the disabilities enrollment and these children were still waiting for determination, at the</p>	<ul style="list-style-type: none"> • The program was aware that the 36 children referred to the LEA for evaluation were not part of the official 10% count; however, the program expected that these children would be evaluated prior to January. • While the program informed the Regional Program Specialist of the lack of compliance with the 10% mandate, the program did not properly document this report, nor did it seek a Disabilities Waiver. 	<ul style="list-style-type: none"> • The program increased the income level for families that have existing IEP/IFSP's. • The Selection Policy and Procedure was updated to reflect this change and was approved by the Advisory Board and Policy Council.

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Performance Standards	Description of Incident	Underlying/ Root Causes <i>Why do we think this happened?</i>	Actions taken to address this specific incident <i>What were some immediate actions taken? What did we do that specifically addressed this incident?</i>
	time of the review. The program did not ensure at least 10 percent of its total funded enrollment is filled by children eligible for services under Individuals with Disabilities Education Act (IDEA); therefore, it was not in compliance with regulation.		

Actions Taken to Strengthen Systems Program-wide

Key Element:	Selection process - Children eligible for services under IDEA.				
Intended Outcome:	Ensure at least 10 percent of its total funded enrollment is filled by children eligible for services under the Individuals with Disabilities Education Act (IDEA).				
Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
1. Train staff on and implement the updated Selection Policy and Procedure.	By October 31, 2019	ERSEA/Data Coordinator, Mental Health and Disabilities Coordinator		Training Agenda, Sign-in sheets,	
2. Include Children eligible for services under IDEA in ongoing monitoring protocols.	By December 30, 2019	Mental Health and Disabilities Coordinator, ERSEA and Data Coordinator.		Ongoing Monitoring Policy and Procedure.	

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Key Element:	Selection process - Children eligible for services under IDEA.				
Intended Outcome:	Ensure at least 10 percent of its total funded enrollment is filled by children eligible for services under the Individuals with Disabilities Education Act (IDEA).				
Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
3. Weekly monitoring of enrollment of children with IEP's/IFSP's.	Beginning October 2019	Mental Health and Disabilities Coordinator, ERSEA and Data Coordinator.		Disability and Mental Health Monitoring Report.	
4. Develop strategies to increase parent advocacy in requesting evaluations from OUSD to 'speed-up' the evaluation and diagnosis process.	Beginning in October 2019	Mental Health and Disabilities Coordinator, Family Engagement Coordinator,		Parent Engagement Strategies	
5. Modify mental health and disabilities policy and procedures with regards to timelines for referrals as a response to the known delays with processing referrals.	By November 08, 2019	Mental Health and Disabilities Coordinator,		Updated Mental Health and Disabilities Referral policy and procedure.	
6. Monitor referrals to OUSD by delegate and partners by monitoring ASQ screenings and working with delegate's Disabilities/Mental Health Coordinator.	Beginning in October 2019	Mental Health/Disabilities Coordinator Program Supervisor for Collaborative Partners		ASQ Screenings and Tracking Sheets for Referrals.	
7. Include a special condition on delegate and partner contracts to fill 10% of vacancies with children with active IEPs/IFSPs	By January 08, 2020	Program Supervisor for Collaborative Partners		Scope of Work Adjustment approval by Advisory Board.	



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of Head Start | 4th Floor – Switzer Memorial Building, 330 C Street SW, Washington DC 20024 eclkc.ohs.acf.hhs.gov

Program Performance Summary Report

To: Authorizing Official/Board Chairperson

Mr. Edward Reiskin
Oakland, City of
150 Frank H. Ogawa Plaza, Suite 5352
Oakland, CA 94612 - 2093

From: Responsible HHS Official

A handwritten signature in black ink, appearing to read "Dr. Deborah Bergeron".

Date: 10/13/2020

Dr. Deborah Bergeron
Director, Office of Head Start

From September 28, 2020 to October 2, 2020, the Administration for Children and Families (ACF) conducted a monitoring review of Oakland, City of Head Start and Early Head Start programs to determine whether the previously identified findings had been corrected. The Office of Head Start (OHS) would like thank your governing body, policy council, staff, and parents of your program for their cooperation and assistance during the review. This monitoring report has been issued to Mr. Edward Reiskin, Authorizing Official/Board Chair, as legal notice to your agency of the results of the program review.

Based on the information gathered during this review, we have closed the previously identified findings which are included in this report. For any previous findings that are not included in this report and remain open, the grantee will receive a future follow-up review to determine the compliance status of those findings.

Please contact your Regional Office for guidance should you have any questions or concerns.

DISTRIBUTION OF THE REPORT

Copies of this report will be distributed to the following recipients:

Ms. Cynthia Yao, Regional Program Manager
Ms. Sara Bedford, Chief Executive Officer/Executive Director
Ms. Diveena Cooppan, Head Start Director
Ms. Diveena Cooppan, Early Head Start Director

Glossary of Terms

Compliant	No findings. Meets requirements of Head Start Program Performance Standard.
Area of Concern	An area for which the agency needs to improve performance. These issues should be discussed with the grantee's Regional Office of Head Start for possible technical assistance.
Area of Noncompliance	An area for which the agency is out of compliance with Federal requirements (including but not limited to the Head Start Act or one or more of the regulations) in one or more area of performance. This status requires a written timeline of correction and possible technical assistance or guidance from the grantee's program specialist. If not corrected within the specified timeline, this status becomes a deficiency.
Deficiency	<p>As defined in the Head Start Act, the term "deficiency" means:</p> <p>(A) a systemic or substantial material failure of an agency in an area of performance that the Secretary determines involves:</p> <ul style="list-style-type: none"> (i) a threat to the health, safety, or civil rights of children or staff; (ii) a denial to parents of the exercise of their full roles and responsibilities related to program operations; (iii) a failure to comply with standards related to early childhood development and health services, family and community partnerships, or program design and management; (iv) the misuse of funds received under this subchapter; (v) loss of legal status (as determined by the Secretary) or financial viability, loss of permits, debarment from receiving Federal grants or contracts, or the improper use of Federal funds; or (vi) failure to meet any other Federal or State requirement that the agency has shown an unwillingness or inability to correct, after notice from the Secretary, within the period specified; <p>(B) systemic or material failure of the governing body of an agency to fully exercise its legal and fiduciary responsibilities; or</p> <p>(C) an unresolved area of noncompliance.</p>

Performance Summary

Service Area	Applicable Standards	Grant Number(s)	Primary Review Finding Status(s)	Timeframe for Correction	Follow-Up Compliance Level
Program Management and Quality Improvement	1302.101(a)(1)	09CH010399	DEF	N/A	Corrected
Program Management and Quality Improvement	1302.102(c)(2)(i)	09CH010399	ANC	N/A	Corrected
Program Management and Quality Improvement	1302.102(c)(2)(iv)	09CH010399	DEF	N/A	Corrected
Monitoring ERSEA: Eligibility, Attendance and Enrollment	1302.12(k)	09CH010399	ANC	N/A	Corrected
Monitoring ERSEA: Eligibility, Attendance and Enrollment	1302.14(b)(1)	09CH010399	ANC	N/A	Corrected
Monitoring and Implementing Quality Health Services	1302.42(b)(1)(i)	09CH010399	ANC	N/A	Corrected
Program Management and Quality Improvement	1302.91(a)	09CH010399	ANC	N/A	Corrected
Monitoring and Implementing Quality Education and Child Development Services	1302.91(e)	09CH010399	ANC	N/A	Corrected
Program Management and Quality Improvement	1302.92(b)	09CH010399	ANC	N/A	Corrected



Program Management and Quality Improvement

Program Management

Does the grantee establish a management structure consisting of staff, consultants, or contractors who ensure high-quality service delivery; have sufficient knowledge, training, experience, and competencies to fulfill the roles and responsibilities of their positions; and provide regular supervision and support to staff?

Monitoring Results:

- The management/organizational structure did not provide effective management and oversight of all program areas. 1302.101(a)(1)

DEF

1302.101(a)(1)

Timeframe for Correction: 120 days

1302.101 Management system. (a) Implementation. A program must implement a management system that: (1) Ensures a program, fiscal, and human resource management structure that provides effective management and oversight of all program areas and fiduciary responsibilities to enable delivery of high-quality services in all of the program services described in subparts C, D, E, F, G, and H of this part.

The grantee did not ensure a program's fiscal, and human resource management structure provided effective management and oversight of all program areas and fiduciary responsibilities to enable the delivery of high-quality services in all of the program services.

During interviews, file reviews and a review of data the management staff was unable to provide information regarding program performance. Management staff lacked the knowledge and understanding of how to use ChildPlus to effectively provide oversight. The management team was not able to provide records of training opportunities in the use of ChildPlus to effectively monitor all service areas. This negatively impacted service delivery in health, disabilities, and Eligibility Recruitment Selection Enrollment and Attendance (ERSEA). The grantee did not implement Child Plus to ensure effective management and oversight of program services.

The grantee did not ensure a program's fiscal, and human resource management structure provided effective management and oversight of all program areas and fiduciary responsibilities to enable the delivery of high-quality services in all of the program services; therefore, it was not in compliance with the regulation.

Follow-up

Corrected

Timeframe for Correction: N/A

The grantee ensured its fiscal and human resource management structure provided effective management and oversight of all program areas and fiduciary responsibilities to enable the delivery of high-quality services in all of the program services.

In an interview, the Head Start Director stated leadership staff analyzed the monitoring report, identified root causes, and initiated activities for correction. The program held meetings with its governing bodies, the Oakland City Council, Head Start Advisory Board (subcommittee), and the policy council to inform them of the findings. The program also incorporated its delegate agency, Unity Council, and its partners, St. Vincents, Brighter Beginnings, and Laney College, to develop a multi-layered Quality Improvement Plan (QIP). The Head Start Director also stated the program began assessing its management system and identified key modifications to improve program oversight and ongoing monitoring of its delegate and partner agencies. For example, the Head Start Director stated the Data/Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) Coordinator position was separated into two positions, Data Coordinator and ERSEA Coordinator, to allow for more focused oversight of each content area.

To strengthen ongoing monitoring across program-operated, delegate, and partner services, the program implemented a web-based data management system, ChildPlus, to collect, aggregate, analyze, and utilize data for program oversight and monitoring. In interviews, staff, including program, delegate, and partner staff, confirmed multiple ChildPlus trainings were held. A review of ChildPlus training documentation from November 2019 and January, July, and August 2020 found training was provided to staff on ChildPlus related to data collection and analysis, ongoing monitoring, and use of data to support ongoing program improvement. In interviews, program management staff, including the Head Start Director, shared the program's collaborative approach with the delegate and partner agencies to establish systematic documentation and recording of events and activities in a consistent and timely manner. In addition to training specific to ChildPlus, a review of training documentation found training on the use of data for performance, evaluation, and continuous quality improvement was held on October 30, 2019, and March 11, 2020.

The program tracked and monitored data entry and documentation within ChildPlus. In an interview, the program's Health Specialist/Family Advocate shared she conducted weekly meetings with home visitors and Family Advocates to discuss data entry, documentation, and follow-up activities in ChildPlus. A review of the sample Health Specialist Monitoring and Follow-Up and the ChildPlus 3320 Grantee and Partners Monitoring and Follow-Up reports found child health status tracking was up to date. Additionally, interviews with the delegate and partner agencies confirmed a close collaboration with the program. For example, during an interview, the ERSEA/Disabilities Manager for the delegate-Unity Council--described weekly meetings with her ERSEA counterpart at the program to review the Monitoring Report Summary. The delegate Head Start Director confirmed the same practice for other management staff. In interviews, program, delegate, and partner staff described a system of support. Program content-area managers provided one-on-one assistance on data collection and monitoring in ChildPlus, processes to identify risks and address concerns, and follow-up actions to take with their staff to meet families' needs. The delegate and partner agencies also received weekly follow-up communication to ensure completion of the documentation in ChildPlus and follow-up with staff to complete any outstanding activities. In an interview, delegate and partner staff described involvement in group training on newly approved policies and procedures and individualized professional development training to strengthen their skills in utilizing ChildPlus for data input, report generation, and support their provision of services. A review of program policies and procedures on ChildPlus Training by Content Area

found it described the expected monitoring schedule and monitoring process, incorporating the use of ChildPlus as its primary ongoing monitoring tool.

A review of revised policies and procedures on ongoing monitoring, approved by the policy council and the governing body in January 2020, found they outlined roles and responsibilities, monitoring procedures, documentation, and timelines. The revised policy also included expectations for the use of the ChildPlus system and outlined specific reports to support monitoring and oversight. The program also revised its Memoranda of Understanding (MOUs) with its delegate and each partner agency to define responsibilities and monitor and report expectations in each content area to support the scope of work.

Further, the programs governing body and policy council were involved in the corrective action process and the development of the QIP. In an interview with an Oakland City Council member, Head Start Advisory Board members, and the Policy Council Chairperson, all confirmed detailed program reports were provided monthly and were reviewed during monthly meetings with the programs Executive Director and Head start Director. A review of the Head Start Advisory Board meeting agenda from January 23, 2020, showed the integration of the QIP and the Head Start Monthly Program Report. The FY2019-2020 Calendar for Policy Council and Advisory Board confirmed scheduled training in specific content areas and due dates for Program Progress Reports to the governing bodies monthly. The City Council member and Policy Council Chair both stated information shared during those meetings allowed the governing body to provide feedback and make informed decisions on updated policies to support continuous program improvement and prevent the recurrence of previous issues.

The grantee ensured its fiscal and human resource management structure provided effective management and oversight of all program areas and fiduciary responsibilities to enable the delivery of high-quality services in all of the program services. This area of deficiency is corrected.

- The management team did not use their knowledge, training, experience, and competencies to ensure high-quality service delivery. 1302.91(a)

ANC

1302.91(a)

Timeframe for Correction: 120 days

1302.91 Staff qualifications and competency requirements. (a) Purpose. A program must ensure all staff, consultants, and contractors engaged in the delivery of program services have sufficient knowledge, training and experience, and competencies to fulfill the roles and responsibilities of their positions and to ensure high-quality service delivery in accordance with the program performance standards. A program must provide ongoing training and professional development to support staff in fulfilling their roles and responsibilities.

The grantee did not ensure that all of the program managers had an effective system to utilize their knowledge, training, and experience to ensure high-quality service delivery.

The grantee did not demonstrate program oversight to ensure that all staff, consultants, and contractors had sufficient knowledge and training to implement program services as evident in health services, ERSEA, and staff qualifications.

See Citation 1302.101(a)(1); 1302.12(k); 1302.14(b)(1); 1302.42(b)(1)(i); 1302.91(e)

Follow-up

Corrected

Timeframe for Correction: N/A

The grantee ensured all program managers had an effective system to utilize their knowledge, training, and experience to ensure high-quality services. The program revised its Head Start organizational structure, policies and procedures, and manager job descriptions to include management and oversight of staff, delegate, and partners, and enhanced monitoring through a systemic approach, driven by data.

In an interview, the Head Start Director stated the program revised its Human Resource policies and procedures on August 14, 2020, to ensure its management structure reflected the knowledge and skillsets needed to deliver high-quality services. A review of the program's revised New Hire Orientation and Onboarding Procedure found the program implemented a research-based professional development system to support staff and leadership. A review of ChildPlus tracking reports and personnel documentation found leadership staff supported and trained staff by providing professional development and training opportunities.

In an interview, the Head Start Director stated the program revised the Head Start program's organizational structure and its management team role and functions, effective September 29, 2019. For example, the Data/Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) Coordinator position was separated into the ERSEA Coordinator and Data Coordinator positions. In an interview, the Data Coordinator stated she could now devote her time to the specific responsibilities of data management and oversight. The program also created the Health Specialist/Family Advocate position responsible for monitoring and direct case management to families in health support and tracking. A review of the programs Head Start Organizational Chart and revised job descriptions found leadership staff provided supervisory and oversight responsibilities of program staff and program-operated services, as well as delegate and partner services.

In interviews, program leadership staff described weekly coordinator meetings that included each content-area manager sharing ChildPlus reports, which prompted discussions and questions. The program, delegate, and partner managers and staff demonstrated through interviews, documents, data tours, and child file review the culture shift to ongoing monitoring and use of data for program planning and continuous improvement. A review of the July 2020 Monthly Progress Report found each content area was discussed in detail with supporting data points. For example, the enrollment report described the reopening of Head Start and Early Head Start services at the programs partner, Brighter Beginnings, and resumption of program-operated home-based services. The enrollment data showed 132 children were enrolled out of 188 slots for both program options.

In an interview, the City Council member, Head Start Advisory Board members, and the Policy Council Chairperson stated program leadership kept them apprised of program operations. All participants in the interview shared the governing body and the policy council played an active

role in developing the Quality Improvement Plan (QIP) and was informed of the progress on each action item. For example, a review of the Head Start Advisory Board agenda from January 23, 2020, found an update on the QIP and action items were shared, as well as a disabilities waiver request and the second set of revised policies and procedures. In an interview, the City Council member described various program documents he reviewed during meetings and was able to describe the program's system for monitoring its delegate and partners.

The grantee ensured all program managers had an effective system to utilize their knowledge, training, and experience to ensure high-quality services. This area of noncompliance is corrected.

- Managers did not provide ongoing supervision and professional development to support individual staff. 1302.101(a)(2); 1302.92(b)

ANC

1302.92(b)

Timeframe for Correction: 120 days

1302.92 Training and professional development. (b) A program must establish and implement a systematic approach to staff training and professional development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high-quality, comprehensive services within the scope of their job responsibilities, and attached to academic credit as appropriate. At a minimum, the system must include: (1) Staff completing a minimum of 15 clock hours of professional development per year. For teaching staff, such professional development must meet the requirements described in section 648A(a)(5) of the Act. (2) Training on methods to handle suspected or known child abuse and neglect cases, that comply with applicable federal, state, local, and tribal laws; (3) Training for child and family services staff on best practices for implementing family engagement strategies in a systemic way, as described throughout this part; (4) Training for child and family services staff, including staff that work on family services, health, and disabilities, that builds their knowledge, experience, and competencies to improve child and family outcomes; and, (5) Research-based approaches to professional development for education staff, that are focused on effective curricula implementation, knowledge of the content in Head Start Early Learning Outcomes Framework: Ages Birth to Five, partnering with families, supporting children with disabilities and their families, providing effective and nurturing adult-child interactions, supporting dual language learners as appropriate, addressing challenging behaviors, preparing children and families for transitions (as described in subpart G of this part), and use of data to individualize learning experiences to improve outcomes for all children.

The grantee did not ensure the program had established and implemented a systematic approach to staff training and professional development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high-quality, comprehensive services within the scope of their job responsibilities, and attached to academic credit as appropriate.

In interviews with the Head Start/Early Head Start Director, Human Resource/Fiscal Coordinator, Health/Nutrition Coordinator, and two ERSEA support staff, they were not able to provide documentation of staff training. The management team stated they were still relying on expertise from consultants due to their lack of knowledge in their newly assigned content areas. The Director and management team were not able to provide professional development plans to support the staff's growth and development. Further evidence of the lack of professional development and training is documented in the noncompliances listed below.

See Citation 1302.101(a)(1); 1302.12(k); 1302.14(b)(1); 1302.42(b)(1)(i); 1302.91(e)

Follow-up

Corrected

Timeframe for Correction: N/A

The grantee established and implemented a systematic approach to staff training and professional development designed to assist staff in acquiring or increasing skills needed to provide high-quality, comprehensive services within the scope of their job responsibilities. The program revised policies and procedures and job descriptions, created professional development plans (PDPs), and provided staff training opportunities.

The program revised its New Hire Orientation and Onboarding policies and procedures, professional development planning processes, and staff supervision. A review of the New Hire Orientation and Onboarding Policy, revised on August 14, 2020, found the supervisor was to provide content-specific training within 1 month of hire for all new staff and document the training in ChildPlus. The policy outlined the required program orientation, plus 15 hours of training aligned with the staff's individual PDP. The revised procedures outlined the required initial training, including job roles, responsibilities, and expectations; use of ChildPlus; and completing the programs required forms and paperwork. New Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) staff were provided training on eligibility determinations within the first 90 days of hire.

In addition, a review of the Individual and Annual Program Professional Development Plans policy found employees completed a Staff Skill Profile. During a data tour, the Education/Home-Based Coordinator stated how the program tracked personnel information in ChildPlus. A review of four personnel files found professional development goals and training opportunities were aligned in the PDPs. In interviews, leadership staff stated they met with their staff at least twice a month to discuss progress toward professional development goals, training opportunities, and challenges. In an interview, the Coach Coordinator stated she tracked PDPs submission using a Quality Control Report from ChildPlus. The Coach Coordinator used the report to identify staff who did not have a PDP submitted and contacted the immediate supervisor to follow up.

In an interview, the program's Site Manager stated the program used ChildPlus to track professional development and completed individual staff training. The program created a master training calendar that included mandatory, pre- and continual in-service training developed based on program staffs' needs. During a data tour, the program shared the ChildPlus training screen that displayed a list of training provided to home visiting staff at the Brighter Beginnings partner site and the staff's immediate supervisor's monthly follow-up. The program's Site Manager also stated site supervisors could upload staff training certificates and other professional development documents to individual staff profiles in ChildPlus.

A review of training documentation and sign-in sheets from February 5, 2020, found the program, delegate, and partner staff was trained on

revised policies and procedures, including new staff supervision and professional development planning procedures. A review of the training agenda for the Unity Council--the delegate--found detailed training on the revised professional development system was conducted on July 22, 2020. Agenda items included Professional Development and the Continuous Improvement Cycle and Using Individual Staff Skill Data to Inform Reflective Supervision and Professional Development.

The grantee established and implemented a systematic approach to staff training and professional development designed to assist staff in acquiring or increasing skills needed to provide high-quality, comprehensive services within the scope of their job responsibilities. This area of noncompliance is corrected.

Ongoing Monitoring and Continuous Improvement

Does the grantee use data to identify program strengths, needs, and areas needing improvement; evaluate progress toward achieving program goals and compliance with the program performance standards; and assess the effectiveness of professional development?

Monitoring Results:

- Data were not aggregated, analyzed, and compared to inform strategies for continuous improvement in all service areas and to identify risk. 1302.102(c)(2)(i)

ANC

1302.102(c)(2)(i)

Timeframe for Correction: 120 days

1302.102 Achieving program goals. (c) Using data for continuous improvement. (2) This process must: (i) Ensure data is aggregated, analyzed and compared in such a way to assist agencies in identifying risks and informing strategies for continuous improvement in all program service areas.

The grantee did not ensure data is aggregated, analyzed, and compared in such a way to assist agencies in identifying risks and informing strategies for continuous improvement in all program service areas.

The grantee was not collecting program performance data for delegate and partners and was not tracking outcomes in Child Plus. During the data tour, data entry was incomplete or inaccurate. During the review of policies and procedures, many inconsistent versions were provided by the management team and support staff. The inconsistent data, policies, and procedures made it difficult for managers to identify risks and inform strategies for continuous program improvement.

During staff interviews, data tours, review of child files, and a review of the Child Plus database had inaccurate data for 60 out of 85 ERSEA child files reviewed. The Disabilities Coordinator identified 36 children in the various stages of referral to the Local Education Agency (LEA) for Individual Education Plans (IEP) and Individual Family Service Plans (IFSP) and assumed the program had met the 10 percent disabilities requirement. The Disabilities Coordinator inaccurately counted children in the evaluation process as children with identified disabilities when in fact was not yet determined. The grantee is not using data for decision-making or to make program improvements in all service areas.

As a result, the grantee did not ensure data is aggregated, analyzed and compared in such a way to assist the delegate and partners in identifying risks and informing strategies for continuous improvement in all program service areas; therefore, it is not in compliance with the regulation.

Follow-up

Corrected

Timeframe for Correction: N/A

The grantee ensured data was aggregated, analyzed, and compared in such a way to assist the agency in identifying risks and informing strategies for continuous improvement in all program service areas. The program implemented monitoring procedures for regular review of data by the management team, improved data management, provided training, and changed the organizational structure where weaknesses were identified.

The program strengthened ongoing monitoring and oversight procedures internally, with partners, and its delegate. In an interview, the Head Start Director stated the program implemented weekly management team meetings to review data from each service area. Each content area coordinator submitted a weekly monitoring report that included data from assessing weekly ChildPlus reports. A review of weekly Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) reports dated February 11 and 21, 2020, included key start dates, enrollment summary, eligibility categories summary, enrolled children with disabilities, and recruitment summary. A review of weekly disability monitoring reports dated September 11 and 20, 2020, included data from ChildPlus reports, including disability enrollment, children with identified concerns, and the number of children with active referrals to the Local Education Agency (LEA) and Part C agency. A review of the monthly program report provided to the management team, dated July 2020, found information on enrollment, attendance, health, disabilities and mental health, education, school readiness, family community engagement, human resources, fiscal, and facilities.

The revised monitoring practices resulted in changes in ERSEA and Disability practices. In an interview, the ERSEA Coordinator shared he completed an audit of all 1,001 eligibility files during the corrective action period and found the programs Eligibility Specialists were consistently miscalculating income. As a result, the program updated its ERSEA procedures to include clarity around eligibility requirements defined processes for verifying and calculating eligibility. A review of 81 child eligibility files demonstrated the implementation of the new policies. One hundred percent of the files reviewed following the policy change found each had the correct income calculation. Through weekly monitoring of developmental screenings, the Disability/Mental Health Coordinator identified concerns with teachers accuracy and timeliness in completing developmental screenings, which impacted the number of children identified with potential developmental delays. A review of training records dated February 5, 2020, confirmed program, partner, and delegate teaching staff received additional training on the screening

process.

The program strengthened delegate and partner monitoring by adding weekly meetings with content managers, adding language to contracts to ensure the delegate and partners met the 10 percent requirement for children with disabilities and updating policies to include ongoing monitoring and unified data management through ChildPlus. In an interview, the Head Start Director shared the program added the requirement for program content-area coordinators to meet weekly with the content-area staff from the delegate and partners, including a weekly review of ChildPlus reports. A review of the Ongoing Monitoring of Program Policy, revised January 10, 2020, and approved by the governing body on January 23, 2020, found it required site visits, file audits, weekly monitoring reports, and monthly monitoring reports for the program, delegate, and partners. The policy also detailed the requirement for weekly meetings and review of ChildPlus data with program and delegate coordinators. A review of the partner and delegate contracts dated June 24, July 15, July 16, and July 22, 2020, confirmed each included the mandate for serving at least 10 percent of children with disabilities and expectations for monitoring and continuous improvement. A review of the Data Management and Record-Keeping Policy, revised February 4, 2020, and approved on August 20, 2020, found it outlined the provisions for a unified data management system and required the delegate and partners to utilize ChildPlus and produce weekly ongoing monitoring reports.

Additionally, the program provided ChildPlus training for staff, delegates, and partners. A review of training records dated November 19, 2019, January 23, and August 17, 2020, found ChildPlus training was provided to the program, delegate, and partner staff and was individualized based on the content area. For example, on January 23, 2020, the program mandated ChildPlus training for program and delegate content area coordinators and supervisors for ERSEA, education, school readiness, and human resources. The training agenda detailed ChildPlus alignment for those specific content areas. The program also provided a Data Boot Camp and Ongoing Monitoring training on October 10 and 30, 2019, March 11, and July 14, 2020.

In an interview, the Head Start Director stated the program identified weaknesses in the organizational structure based on reviewing the data and concerns with delegate and partner oversight. As a result, the program dedicated separate positions for ERSEA and overall data management. Those positions were previously combined, resulting in weaknesses and systematic errors in the eligibility determinations and a weak data monitoring system. The Data Coordinator position was revised to ensure dedication to the oversight of ChildPlus, including coaching from ChildPlus and data management training. The ERSEA Coordinator position was revised to include dedicated oversight of all eligibility processes and monitoring 100 percent of the eligibility files. The Head Start Director confirmed adding those positions resulted in a significant improvement in data management and program planning for continuous improvement.

The grantee ensured data was aggregated, analyzed, and compared in such a way to assist the agency in identifying risks and informing strategies for continuous improvement in all program service areas. This area of noncompliance is corrected.

- Information was not used for ongoing monitoring and improvement of teaching practices, child-level assessments, family outcomes, health and safety practices, and other comprehensive services. 1302.102(c)(2)(iv)

DEF

1302.102(c)(2)(iv)

Timeframe for Correction: 120 days

1302.102 Achieving program goals. (c) Using data for continuous improvement. (2) This process must:(iv) Use information from ongoing monitoring and the annual self-assessment, and program data on teaching practice, staffing and professional development, child-level assessments, family needs assessments, and comprehensive services, to identify program needs, and develop and implement plans for program improvement.

The grantee did not ensure data is aggregated, analyzed and compared in such a way to assist the delegate and partners in identifying risks and informing strategies for continuous improvement in all program service areas.

The grantee was not collecting program performance data for delegate and partners and was not tracking outcomes in Child Plus; therefore the grantee was unable to demonstrate or use data to aggregate, analyze, and use the data to support the delegate and partners in improving teaching practices, making adjustments in services to help families achieve their goals, improving the child health services or any other comprehensive services provided.

See citation: 1302.102(c)(2)(i)

Follow-up

Corrected

Timeframe for Correction: N/A

The grantee used ongoing monitoring and program data information to identify program needs and develop and implement plans for program improvement.

In an interview, the Head Start Director described the implementation and integration of the ChildPlus web-based data management platform across the program, the delegate, and partners. The program used ChildPlus to collect, aggregate, analyze, and compare data across all content areas. The Head Start Director also stated that the shift to using a single system allowed the program to identify potential risks and plan support with families to achieve their goals, improve child health services, and support comprehensive services among delegate and partner agencies. The implementation of ChildPlus also allowed the program to monitor program services and human resources data, such as supervision logs and professional development updates in real-time.

In an interview, the Head Start Human Services Department Planner-Health stated the program completed an internal audit of all child files and found inefficiencies in the previous system. As the program reviewed data-entry practices among Family Advocates and home visitors, the need to streamline the process was identified. As a result, the program designated a position to manage data entry and oversight, the Health

Specialist/Family Advocate. In an interview, the Health Specialist/Family Advocate stated she conducted weekly meetings with home visitors and Family Advocates to discuss data entry, documentation, and follow-up activities related to health and dental services. A review of updated policies and procedures on Data Management and Collecting, Documenting, and Using Data, and Ongoing Monitoring found the program integrated its data-entry system with its delegate and partners. A review of training documents found the program conducted formal group training with delegate and partner staff and provided one-on-one training clinics to ensure all staff members were well versed in using ChildPlus to collect, analyze, and review data.

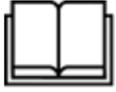
The program revised its policies and procedures and received approvals from the Head Start Advisory Board and the policy council to strengthen the responsibilities, monitoring, procedures, documentation, and timelines in areas of health services; Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA); Human Resources; and comprehensive data collection. A review of training documentation found the program trained the program, delegate, and partner staff on revised policies and procedures for Human Resources, ERSEA, Health and Nutrition, Education, Disabilities, Family Community Engagement, and Program Management and Quality Improvement on February 5, 2020. Additional training on the ChildPlus platform and system administration was held on November 19, 2019, and January 23, July 27, and August 17, 2020. The program conducted a six-session data boot camp and continuous quality improvement training in July 2019. Additional training on data use for performance, evaluation, and continuous quality improvement was held on October 30, 2019, and March 11, 2020. Besides formal training by content-area consultants, the program also held less formal weekly meetings to review the Weekly Monitoring Report with the content specialists to conduct case management meetings. A review of training agendas and sign-in sheets found the program, delegate, and partner staff attended.

In an interview, delegate and partner management staff described how data were used to predict and mitigate risks and inform their strategies in strengthening the provision of services. The Senior Program Manager from Brighter Beginnings--a program partner--described how ChildPlus data reports were used to inform staff professional development needs. Specifically, assessment data, such as data from the Home Visitor Rating Scale (HOVRS), informed individual professional development plans (PDPs), incorporating individualized training to support best practices. Additionally, in an interview, the Delegate Director shared the delegate used weekly and monthly health services reports from ChildPlus to plan for upcoming health-related events. The delegates review of enrollment and attendance data informed planning for services with families and adjusted its approach to meet family needs during the COVID-19 pandemic.

During a review of child files, the Health Specialist/Family Advocate demonstrated the program's process for reviewing the program, delegate, and partner data to note follow-up activities with staff and families using ChildPlus. For example, in one child file, the program staff noted a pending action of identifying a child's dental home. The pending alert allowed the Health Specialist/Family Advocate or home visitor to be aware of upcoming due dates and develop an action plan with the family to receive care. A review of the Health Specialist Monitoring and Follow-Up and the 3320 Grantee and Partners Monitoring and Follow-Up documents showed a sample of ChildPlus report data and tools used in their briefing with home visitors and Family Advocates. As part of their oversight, program management staff also followed up with home visitors and Family Advocates to update any missing information promptly.

In an interview with a City Council member, members from the Head Start Advisory Board, and the Policy Council Chairperson stated the program shared detailed program information in monthly reports. A review of the July 2020 Monthly Program Progress Report found it included a summary of the aggregation and data analysis across the program, delegate, and partner agencies. The summary highlighted challenges, improvements, accomplishments, and upcoming activities in each content area. Members of the governing body and the Policy Council Chairperson confirmed the summary reports were detailed and informed their decision-making process in allocating resources to improve program services.

The grantee used ongoing monitoring and program data information to identify program needs and develop and implement plans for program improvement. This area of deficiency is corrected.



Monitoring and Implementing Quality Education and Child Development Services

Supporting Teachers in Promoting School Readiness

Does the grantee prepare teachers to implement the curriculum and support children's progress toward school readiness?

Monitoring Results:

- The grantee did not hire teachers with the appropriate qualifications. 1302.91(e)(1-2)

ANC

1302.91(e)

Timeframe for Correction: 120 days

1302.91 Staff qualifications and competency requirements. (e) Child and family services staff. (2) Head Start center-based teacher qualification requirements. (ii) As prescribed in section 648A(a)(3)(B) of the Act, a program must ensure all center-based teachers have at least an associate's or bachelor's degree in child development or early childhood education, equivalent coursework, or otherwise meet the requirements of section 648A(a)(3)(B) of the Act.

The grantee did not ensure all delegate and partner Head Start teachers, Early Head Start teachers, and home visitors met the qualification requirements.

A review of the delegate and partner's staff qualification tracking sheet indicated 21 out of 80 Head Start teachers did not have an associate's or bachelor's degree and 16 out of 54 Early Head Start teachers did not have a Child Development Associate credential (CDA). In addition, 4 out of 17 Early Head Start home visitors did not have the minimum of a home-based CDA. Additionally, the delegate and partner staff files did not contain an Individual Professional Development Plans to pursue the appropriate qualifications.

The grantee did not ensure all delegate and partner Head Start teachers, Early Head Start teachers, and home visitors met the qualification requirements; therefore, it was not in compliance with the regulation.

Follow-up

Corrected

Timeframe for Correction: N/A

The grantee ensured all delegate and partner Head Start teachers, Early Head Start (EHS) teachers, and home visitors met the minimum qualification requirements. The program revised its delegate and partner contracts and improved its oversight and ongoing monitoring system to ensure all staff met minimum education qualifications.

In an interview, the Head Start Director stated the unqualified staff hired by its delegate and partners reflected needed improvements in program oversight and monitoring of those agencies. As a result, the program revised each partner and delegate contract containing the requirement to hire teachers and home visitors with the minimum qualifications as defined by the Head Start Program Performance Standards (HSPPS). Also, a new provision was added to the contract allowing the program to take adverse action for violating terms of the contract. A review of the delegate and partner contracts dated June 24, July 15, July 16, and July 22, 2020, found the delegate and partners must provide documentation to the program's Human Resource staff before hiring any staff member, providing direct services to children, to document education and competency requirements.

Additionally, the program improved its system for monitoring delegate and partner staff qualifications. The Human Resources Assistant to the Human Services Director shared all staff qualifications were previously monitored in an excel spreadsheet; however, the program transitioned to the web-based ChildPlus system. The program, delegate, and partners all used the same system, which allowed the program to pull weekly reports on staff qualification and PDP progress. During a data tour of the programs ChildPlus system, data from four personnel files and ChildPlus Report AD001 confirmed the program monitored qualification requirements and individual progress for all program, delegate, and partner staff. Through its use of ChildPlus, the program demonstrated immediate access to personnel reports for program, delegate, and partner staff, and individual documents such as transcripts, teaching permits, education plans, and credentials. An additional review of ChildPlus Report AD001 confirmed all Head Start and EHS teachers and home visitors had the minimum required qualifications or an approved waiver to obtain the qualifications. The program requested a waiver for one Head Start teacher who was in the process of obtaining a bachelor's degree to meet California's credentialing requirements. A review of the waiver found the Regional Office approved it on August 17, 2020.

The grantee ensured all delegate and partner Head Start teachers, EHS teachers, and home visitors met the minimum qualification requirements. This area of noncompliance is corrected.



Monitoring and Implementing Quality Health Services

Child Health Status and Care

Does the grantee effectively monitor and maintain timely information on children's health status and care including ongoing sources of health care, preventive care, and follow-up?

Monitoring Results:

- The grantee did not ensure that children were up to date on a schedule of age-appropriate medical and oral health care (EPSDT).
1302.42(b)(1)(i)

ANC

1302.42(b)(1)(i)

Timeframe for Correction: 120 days

1302.42 Child health status and care (b) Ensuring up-to-date child health status. (1) Within 90 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, with the exceptions noted in paragraph (b)(3) of this section, a program must: (i) Obtain determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care, based on: the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the state in which they operate, immunization recommendations issued by the Centers for Disease Control and Prevention, and any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems.

The grantee did not ensure up-to-date health care status for children attending the program by obtaining determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age-appropriate preventive and primary medical and oral health care, based on the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) within 90 days.

The grantee did not have a system to accurately ensure children were up-to-date on age-appropriate medical and oral health as required by EPSDT. During the health data tour, the Health/Nutrition Coordinator provided child files and ChildPlus data reports which showed at the time of the review out of 1006 children, 141 physical exams were not completed, 241 immunizations were not up-to-date, and 121 dental screenings were not completed. The Health/Nutrition Coordinator confirmed that all required screenings had not been completed.

The grantee did not ensure up-to-date health care status for children attending the program by obtaining determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age-appropriate preventive and primary medical and oral health care, based on the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) within 90 days; therefore, it was not in compliance with the regulation.

Follow-up

Corrected

Timeframe for Correction: N/A

The grantee obtained determinations for enrolled children from the appropriate primary medical and oral health care professionals to ensure they were up to date on a schedule of age-appropriate preventive health care. The program enhanced its tracking and monitoring system, revised policies and procedures, and provided staff training.

The program strengthened its monitoring of child health files and follow-up activities with families to obtain determinations of child health status. In an interview, the Human Services Department Planner-Health stated ChildPlus reports were run at least weekly to monitor all enrolled children's health status, including the delegate and partners. Once a week, the management team met to review data, discuss missing items, and identify follow-up to resolve concerns. A review of Weekly Monitoring Report Summaries from August 28 and September 4, and 11, 2020, found the management team detailed discussions on supporting children with missing health events. Additionally, the summary for August 28, 2020, demonstrated the program hired a Health Specialist/Family Advocate position whose primary responsibility was coordinating with families to get children up-to-date with Early Periodic Screening, Diagnosis and Treatment (EPSDT) requirements. During a data tour, the Health Specialist/Family Advocate described the ChildPlus Report 3320-Immunization Record and how she tracked and monitored missing immunizations. The Health Specialist/Family Advocate demonstrated how the information was shared with Family Advocates and home visitors to ensure they obtained documentation or provided case notes detailing families' support.

A review of the Weekly Monitoring Data Report-Health that included information from various health-related ChildPlus reports found the program tracked in-person and virtual learning for all health events. The report for the week ending September 11, 2020, showed the total number of completed health events for all enrolled children, including the delegate and partners. A total of 94 percent of children completed all required immunizations, 47 percent completed physicals, and 59 percent completed dental screenings. A review of a sample of 81 child files found all included documentation of EPSDT requirements and/or case notes on ongoing communication and support with families to obtain the required determinations. The program was within the 90-day timeframe to collect the required documentation, and the Health Specialist/Family Advocate stated the program would continue to monitor and support families in navigating health resources during the COVID-19 pandemic. Health services staff demonstrated the monitoring systems implementation by collecting and tracking child health data, child file reviews, and the systemic approach to ensuring children and pregnant women received required health events.

The program revised its health policies and procedures to include additional information on the relevant health Head Start Program Performance Standards (HSPPS), the process for collecting information from families, and expectations for documentation. A review of health services policies and procedures showed a revision date of March 12, 2020, and approvals from the governing body and the policy council. The revisions included defined responsibilities and monitoring of each service. A review of the Health Determination Status policy and procedure found

weekly monitoring of the program, delegate, and partners using ChildPlus Reports 3015, 3016, 3020, and 3320 to track and monitor health outcomes.

The program held training on October 22 and 23, 2019, on health services roles and responsibilities. A review of the training agenda and sign-in-sheets showed all staff, including partner and delegate staff, were trained on health HSPPS and the program completed audits of all child health files. Additionally, program, delegate, and partner staff received training on using the ChildPlus platform from ChildPlus in November 2019. A review of training documentation and sign-in sheets confirmed staff received training on January 8, 2020, on health HSPPS and policies and procedures. Additional training was held on February 5, 2020, for details on each policy and procedure relating to health content. During the program's 2020-21 Pre-service training on August 21, 2020, training was provided to the program, delegate, and partner staff. A review of training agendas and sign-in sheets found training included the programs revised policies and procedures on health status determination, dental exam, medical exam requirement, and immunization policy.

The grantee obtained determinations for enrolled children from the appropriate primary medical and oral health care professionals to ensure they were up to date on a schedule of age-appropriate preventive health care. This area of noncompliance is corrected.



Monitoring ERSEA: Eligibility, Selection, Enrollment and Attendance

Determining, Verifying, and Documenting Eligibility

Does the grantee enroll children or pregnant women who are categorically eligible or who meet defined income-eligibility requirements?

Monitoring Results:

- The grantee did not maintain child files with an eligibility record that includes the child's eligibility category, documentation that staff completed an in-person or telephone interview with the family, and the documents used to determine eligibility for each child or pregnant woman. 1302.12(k)

ANC

1302.12(k)

Timeframe for Correction: 120 days

1302.12 Determining, verifying, and documenting eligibility. (k) Records. (1) A program must keep eligibility determination records for each participant and ongoing records of the eligibility training for staff required by paragraph (m) of this section. A program may keep these records electronically. (2) Each eligibility determination record must include: (i) Copies of any documents or statements, including declarations, that are deemed necessary to verify eligibility under paragraphs (h) and (i) of this section; (ii) A statement that program staff has made reasonable efforts to verify information by: (A) Conducting either an in-person, or a telephone interview with the family as described under paragraph (a)(1)(i) or (a)(2) of this section; and, (B) Describing efforts made to verify eligibility, as required under paragraphs (h) through (i) of this section; and, collecting documents required for third party verification that includes the family's written consent to contact each third party, the third parties' names, titles, and affiliations, and information from third parties regarding the family's eligibility. (iii) A statement that identifies whether: (A) The family's income is below income guidelines for its size, and lists the family's size; (B) The family is eligible for or, in the absence of child care, potentially eligible for public assistance; (C) The child is a homeless child or the child is in foster care; (D) The family was determined to be eligible under the criterion in paragraph (c)(2) of this section; or, (E) The family was determined to be eligible under the criterion in paragraph (d)(1) of this section. (3) A program must keep eligibility determination records for those currently enrolled, as long as they are enrolled, and, for one year after they have either stopped receiving services; or are no longer enrolled.

The grantee did not maintain child files with an eligibility record that included the child's eligibility category, documentation that staff completed an in-person or phone interview with the family, and the documents used to determine eligibility for each child or pregnant woman.

At the time of the review, 60 out of the 85 child files sampled did not contain the required documentation. When comparing the child files with the ChildPlus system, documentation was inconsistent regarding family size calculation, eligibility categories, and incorrect income verification. A review of child file applications found several did not have the required signature of a grantee staff member responsible for determining eligibility. Family Advocates confirmed not all applications were signed and documentation was omitted from child files. In addition, child files sampled revealed the following 10 files did not utilize the appropriate year-to-date eligibility calculation when verifying income; 21 files contained incomplete documentation of third-party verification of income; 31 files had application dates after the eligibility date.

The grantee did not maintain child files with an eligibility record that included the child's eligibility category, documentation that staff completed an in-person or phone interview with the family, and the documents used to determine eligibility for each child or pregnant woman; therefore, it was not in compliance with the regulation.

Follow-up

Corrected

Timeframe for Correction: N/A

The grantee implemented a system of ongoing monitoring to ensure it maintained child files with an eligibility record that included the child's eligibility category, documentation that staff completed an in-person or phone interview with the family, and the documents used to determine eligibility for each child or pregnant women. The program revised its Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) policies, trained staff, and implemented a system to monitor compliance with ERSEA regulations.

In an interview, the Head Start Director and ERSEA Coordinator stated the program created ERSEA policies that required an in-person or telephone interview, calculation of income and eligibility determination based on regulations, and verification of the initial eligibility determination by the ERSEA Coordinator. In an interview, the ERSEA Coordinator stated the policy required his verification of all partner and delegate eligibility files prior to selection for the program.

A review of the revised ERSEA Policies and Procedures: Eligibility-Determining and Verifying, dated September 1, 2019, and approved by the governing body on December 4, 2019, confirmed the policies detailed the process, including documenting an in-person or telephone interview, creating the eligibility determination record, calculating income, and determining eligibility. The process also included the requirement for verification of all eligibility files by the ERSEA Coordinator. Additionally, a review of the partner and delegate contracts dated June 24, July 15, July 16, and July 22, 2020, confirmed each included the provisions for verifying all child eligibility records.

The ERSEA Coordinator also shared the program retrained all staff on intake and eligibility procedures. A review of the training agenda found it covered eligibility, selection, and recruitment. A review of training documentation and attendance records, dated February 5, 2020, confirmed program, delegate, and partner staff attended the ERSEA training.

The program implemented procedures to ensure ongoing monitoring for eligibility determination to identify errors and implement corrections. During the timeframe for correction, the ERSEA Coordinator completed an audit on 100 percent of the eligibility files and determined the program made errors in income calculations. The audit results were used to inform changes in the program's ERSEA policies and approach to the training described above. The ERSEA Coordinator continued to audit every eligibility file to identify trends and errors. During the

interview, the ERSEA Coordinator shared the audit led to identifying concerns with the self-declaration forms and resulted in a new form with more detailed questions to eliminate errors.

A review of a sample of 81 child files cross-referenced with ChildPlus records found each file included staff verification, family sizes, eligibility categories, and documentation. A crosswalk of the programs ChildPlus data with the documentation provided by families found each file was complete with an eligibility determination record that confirmed an in-person or telephone interview, eligibility category, and source documentation. A review of eligibility redeterminations for each of the 81 child files found the program correctly assigned the appropriate eligibility category on 80 of 81, or 99 percent of files.

The grantee implemented a system of ongoing monitoring to ensure it maintained child files with an eligibility record that included the child's eligibility category, documentation that staff completed an in-person or phone interview with the family, and the documents used to determine eligibility for each child or pregnant women. This area of noncompliance is corrected.

- At least 10 percent of the grantee's total funded enrollment was not filled by children eligible for services under the Individuals with Disabilities Education Act. 1302.14(b)

ANC

1302.14(b)(1)

Timeframe for Correction: 120 days

1302.14 Selection process. (b) Children eligible for services under IDEA. (1) A program must ensure at least 10 percent of its total funded enrollment is filled by children eligible for services under IDEA, unless the responsible HHS official grants a waiver.

The program did not ensure at least 10 percent of its total funded enrollment is filled by children eligible for services under the Individuals with Disabilities Education Act (IDEA).

A review of child files found only 5 percent out of 1,006 enrolled children were receiving services under IDEA. During an interview with the Disabilities Coordinator and Senior Data Operator they confirmed they were inaccurately counting 36 children referred to the Local Educational Agency as a part of the disabilities enrollment and these children were still waiting for determination, at the time of the review.

The program did not ensure at least 10 percent of its total funded enrollment is filled by children eligible for services under Individuals with Disabilities Education Act (IDEA); therefore, it was not in compliance with regulation.

Follow-up

Corrected

Timeframe for Correction: N/A

The grantee implemented a process to ensure at least 10 percent of its actual enrollment was filled by children eligible for services under the Individuals with Disabilities Act (IDEA). The program revised its Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) policies; created a disabilities services planning calendar; updated contracts with its delegate and partners; trained staff; and monitored disability identification and enrollment to ensure compliance with regulations.

The program revised its ERSEA policies to include the identification of children with disabilities. In an interview, the Head Start Director and Disabilities/Mental Health Coordinator described revised policies and procedures with the requirement to fill 10 percent of the program's actual enrollment with children eligible for services under IDEA. The Disabilities/Mental Health Coordinator stated she also oversaw the selection of children with disabilities, reviewed documentation, and verified children met the definition of a child with a disability before counting the enrollment toward the 10 percent requirement. A review of the Enrollment Policies and Procedures: Enrollment Process, dated January 31, 2020, and approved by the governing body on February 13, 2020, reflected changes to the disability enrollment procedures. A review of the Services for Children with Disabilities Policy confirmed the Disability/Mental Health Coordinator updated the child's disability status in ChildPlus and counted the child in the programs 10 percent disabilities enrollment following confirmation the child was on an Individualized Education Program or Individualized Family Service Plan.

The program requested and received approval for a waiver of the 10 percent requirement for enrolling children with disabilities for the 2019-2020 program year. A review of the approval letter from the Regional Office found it was signed on February 7, 2020. To facilitate enrollment of children with disabilities, the program created a disability services planning calendar to guide activities and ensure recruitment and enrollment of children with disabilities. The calendar also included a timeline for submitting a waiver by January 15th each year if the program could not meet its 10 percent requirement. A review of the 2020-21 Planning Calendar-Disability found a comprehensive document outlining requirements, training expectations, and timelines. During the timeframe for correction, the program requested and was granted a waiver for the last program year.

The Head Start Director also stated the program updated the contracts with its delegate and partners to require that 10 percent of their enrollment was filled by children eligible for services under IDEA. A review of the delegate and partner contracts dated June 24, July 15, July 16, and July 22, 2020, found each contract included the mandate to enroll at least 10 percent of children identified for services under IDEA.

A review of training documentation found the program provided training on disability services, including referrals for disability services to the Local Education Agency (LEA), Oakland Unified School District, or the Part C provider, the Regional Center of the East Bay. A review of the training record and sign-in sheets, dated February 5, 2020, found program, delegate, and partner staff attended the training.

The Disabilities/Mental Health Coordinator stated she monitored all disability activity, including enrollment, identified concerns, and referred children and families to the LEA and Part C Agency. Specifically, monitoring included running weekly reports in ChildPlus with a breakdown of currently enrolled children with a disability, children identified with concerns, developmental screenings, and active referrals. A review of ChildPlus Reports 3501, 3502, 2520, and 3530, dated September 18, 2020, indicated the program served 7.2 percent of children with

disabilities, had an additional 146 children identified with concerns, and 11 children with referrals. The information was compiled in a weekly disability monitoring report and shared weekly with the management team.

The grantee implemented a process to ensure at least 10 percent of its actual enrollment was filled by children eligible for services under the IDEA. This area of noncompliance is corrected.

----- End of Report -----

